

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, July 19, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Heather M. Prendergast, MD, MS, MPH; and Layla P. Suleiman Gonzalez, PhD, JD (4)

Board Chair M. Hill Hammock (ex-officio) and Directors Mike Koetting and Mary B. Richardson-Lowry

Patricia Merryweather (Non-Director Member)

Telephonically

Present: Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer  
Valerie Hansbrough, MD – Provident Hospital of Cook County  
Umair Jabbar, MD – John H. Stroger, Jr. Hospital of Cook County  
Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County

Kent Ray – Associate General Counsel  
Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer  
Elizabeth Vaclavik, DNP, RN, OCN, NEA-BC – Director of Ambulatory Procedures

**II. Public Speakers**

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

**III. Report from Chief Quality Officer**

**A. Regulatory and Accreditation Updates**

There were no regulatory and accreditation updates provided.

**B. Metrics (Attachment #1)**

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

### **III. Report from Chief Quality Officer (continued)**

#### **C. Update on Venous Thromboembolism (VTE) Prevention (Attachment #2)**

Dr. Umair Jabbar, from the Division of Hospital Medicine at John H. Stroger, Jr. Hospital of Cook County, provided an overview of the Update on VTE Prevention. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Why are VTE Failures Happening?
- Addressing Lapses in Ordering
- Improving Implementation Processes
- Documenting Compliance

#### **D. Update on Process of Care Dyad (Attachment #3)**

Dr. Elizabeth Vaclavik, Director of Ambulatory Procedures, provided an overview of the Update on the Process of Care Dyad. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Process of Care Metrics
  - Rate of Excess Days
  - Hospital Acquired Conditions
  - Patient Safety Indicator-90 Composite
  - Emergency Department Left Without Being Seen

Director Driscoll requested that a report be provided in the near future on sepsis.

### **IV. Action Items**

#### **A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #4)**

Dr. Fegan presented the proposed Stroger Hospital Division Chair Initial Appointment listed below for the Committee's consideration.

<b>Name</b>	<b>Department/Appt Term</b>	<b>Title</b>
Nimmi Rajagopal, MD	Community and Family Medicine 07/19/2019 – 07/18/2021	Division Chair of Administration and Community Health- Family Medicine

Director Driscoll, seconded by Director Prendergast, moved to approve the proposed Stroger Hospital Division Chair Initial Appointment. THE MOTION CARRIED UNANIMOUSLY.

#### **IV. Action Items (continued)**

##### **B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County**

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #5)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented the proposed Stroger Hospital medical staff actions for the Committee's consideration and provided his report. He stated that, at the recent EMS meeting, they received the following presentations/reports from Dr. Ronald Wyatt, Chief Quality Officer, regarding the Root Cause Analysis (RCA) process, and from Jarrod Johnson, Chief Operating Officer, Stroger Hospital and Central Campus, regarding the Space Committee. They also received the Annual Report from Pathology and are reviewing the abnormal labs for the next meeting.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, presented the proposed Provident Hospital medical staff actions for the Committee's consideration and provided her report. She stated that on this upcoming Wednesday, the Operating Room Post-Anesthesia Care Unit (OR PACU) Committee will be meeting; they will be looking at utilization and efficiency in the operating rooms at Provident Hospital.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

##### **C. Minutes of the Quality and Patient Safety Committee Meeting, June 21, 2019**

Director Driscoll, seconded by Director Prendergast, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of June 21, 2019. THE MOTION CARRIED UNANIMOUSLY.

##### **D. Any items listed under Sections IV and V**

#### **V. Closed Meeting Items**

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**

The Committee did not recess into a closed meeting.

**VI. Adjourn**

As the agenda was exhausted, Chair Gugenheim declared the meeting  
ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

**Requests/follow-up:**

Follow-up: A request was made for a report on sepsis, in relation to Process of Care Metrics. Page 2

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
July 19, 2019

ATTACHMENT #1

# QPS Quality Dashboard



July 19, 2019



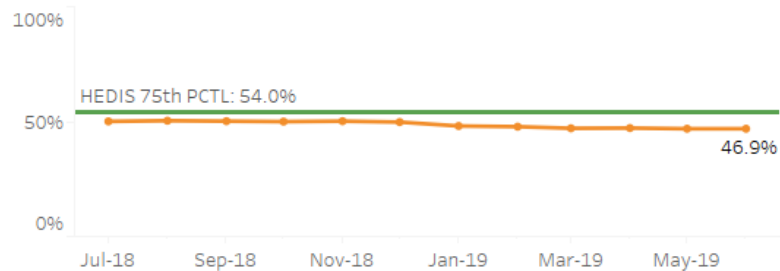


# COOK COUNTY HEALTH

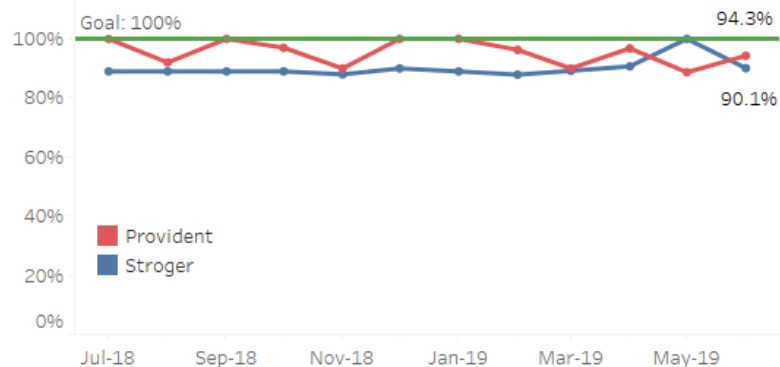
Quality Dashboard  
July 19, 2019

## Health Outcomes

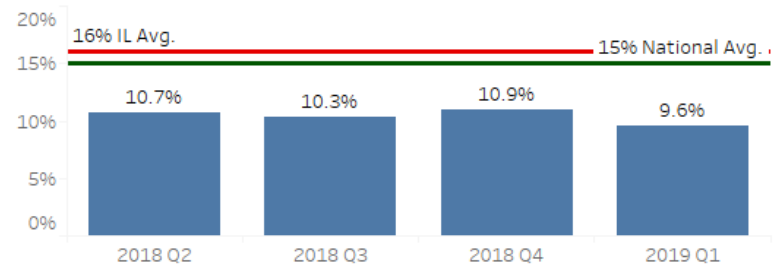
### HEDIS - Diabetes Management: HbA1c < 8%



### Core Measure - Venous Thromboembolism (VTE) Prevention

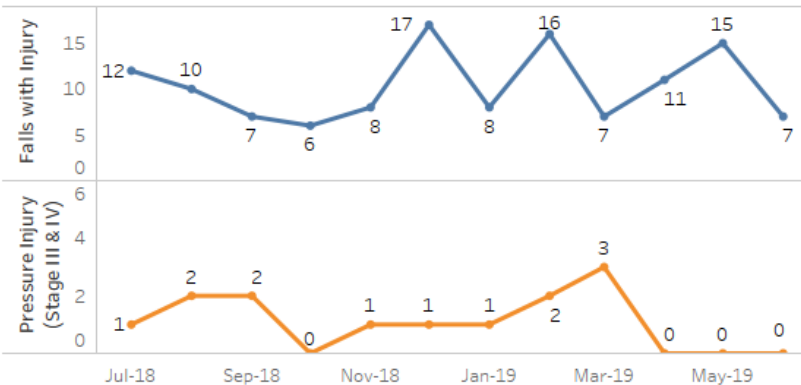


### 30 Day Readmission Rate

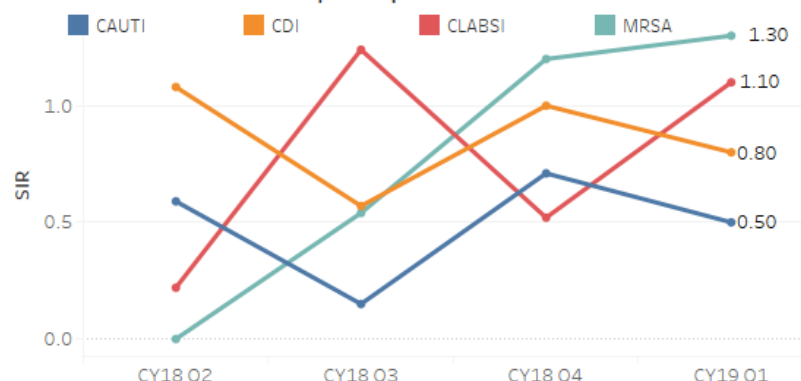


## Patient Safety

### Hospital Acquired Conditions



### Hospital Acquired Infections

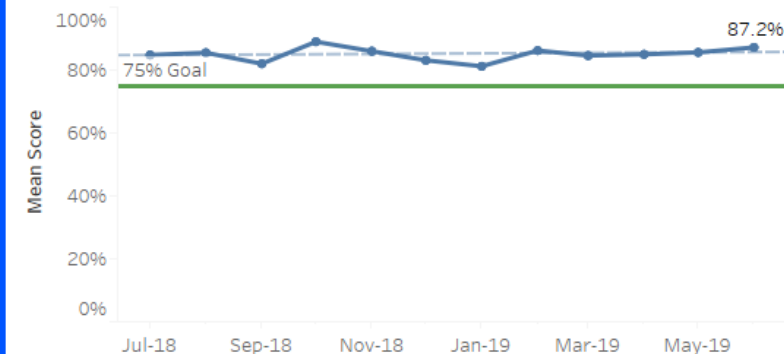


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

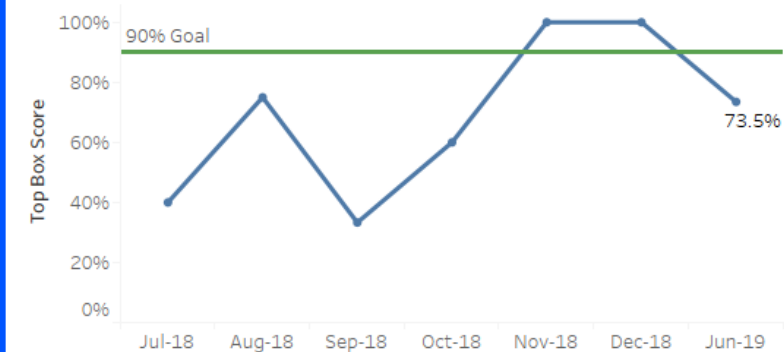
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
CAUTI	1	0	1	0	0	1	3	1	1	1	1	1
CDI	4	5	4	2	10	4	4	6	2	6	5	4
CLABSI	0	2	3	0	0	0	2	1	0	4	2	2
MRSA	0	0	1	0	0	1	0	1	0	1	0	0

## Utilization

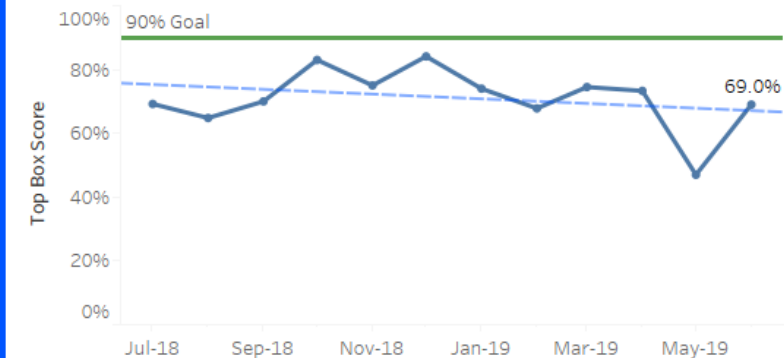
### ACHN--Overall Clinic Assessment



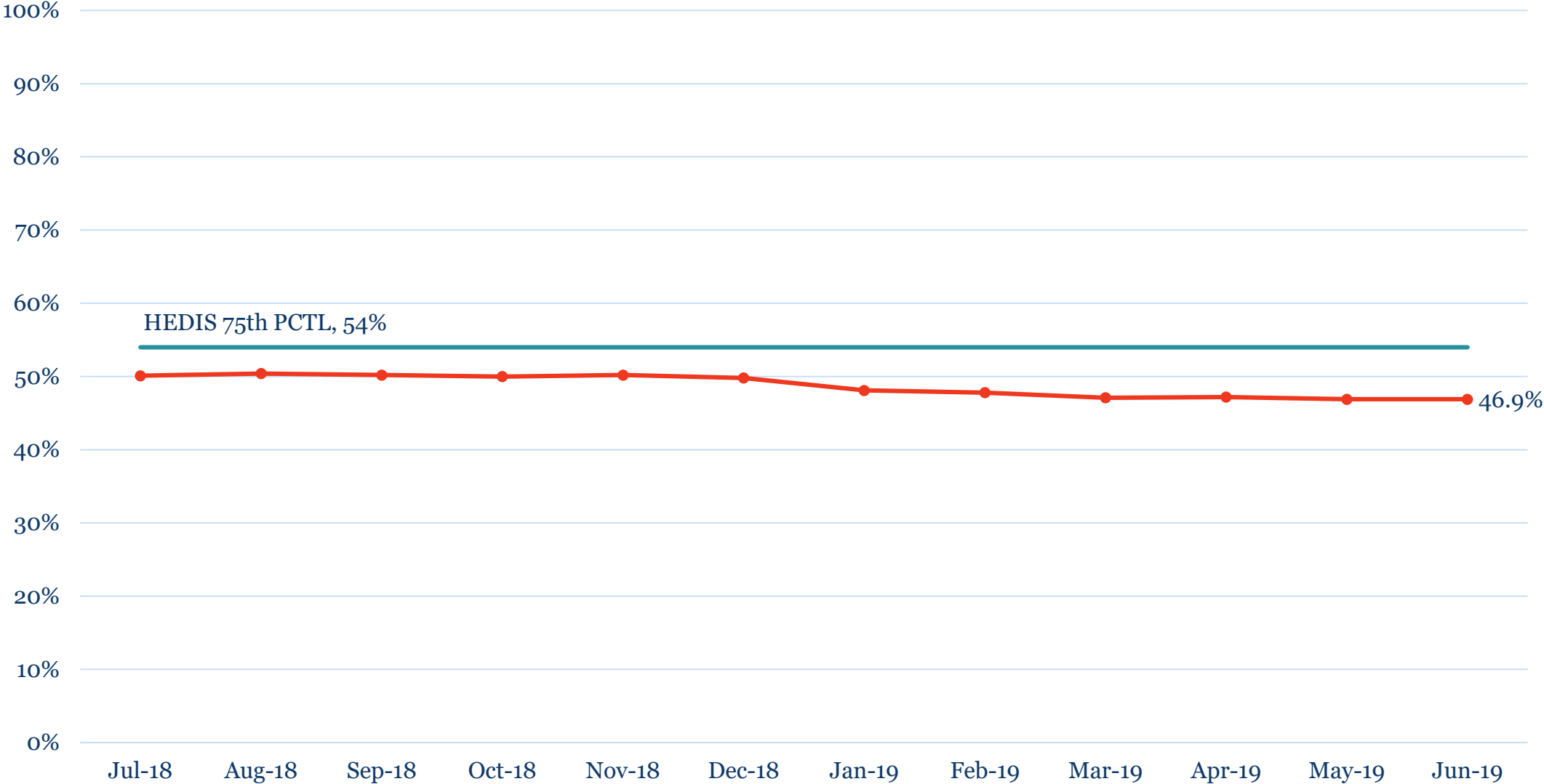
### Provident--Willingness to Recommend Hospital



### Stroger--Willingness to Recommend Hospital



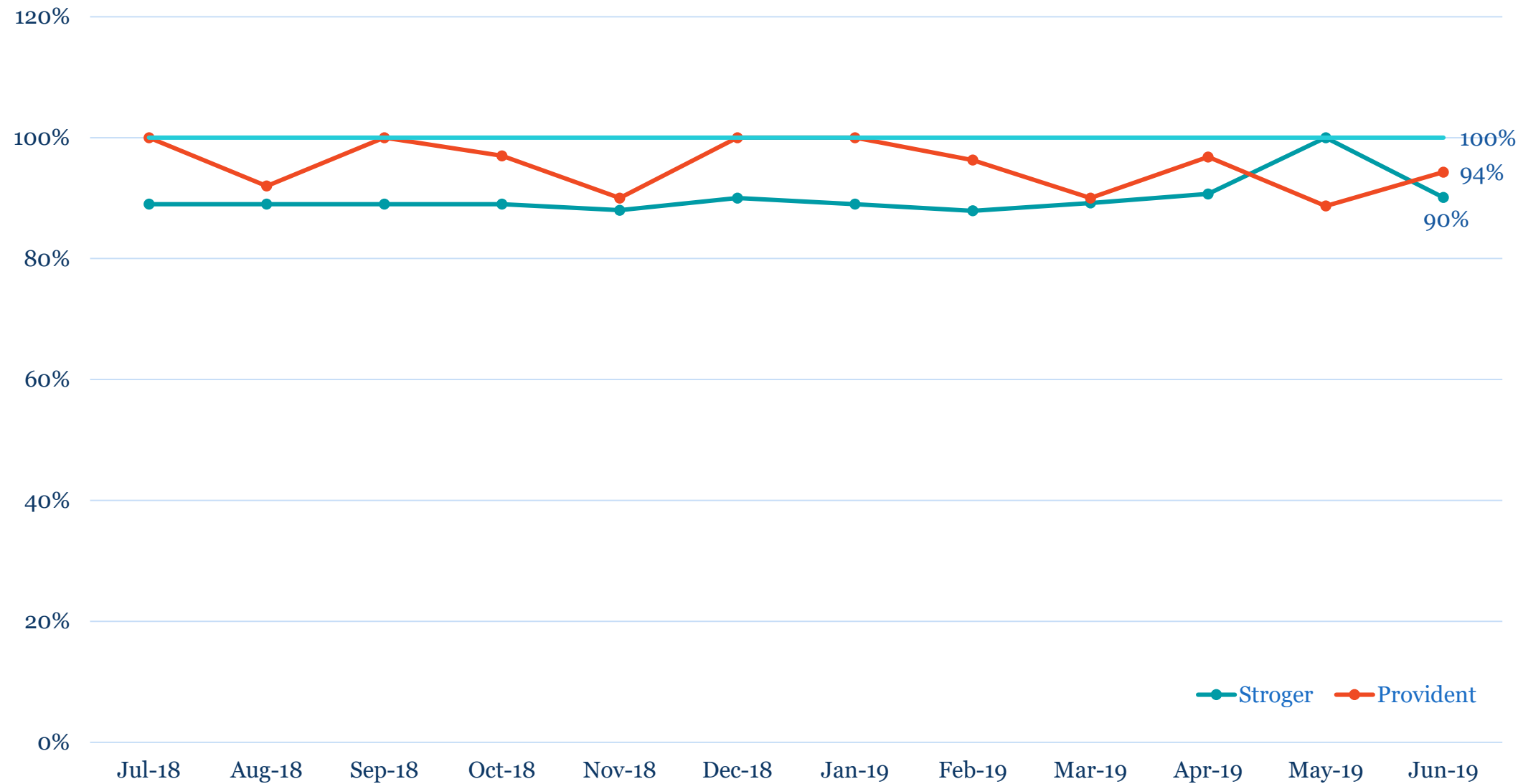
# HEDIS – Diabetes Management: HbA1c < 8%



Source: Business Intelligence

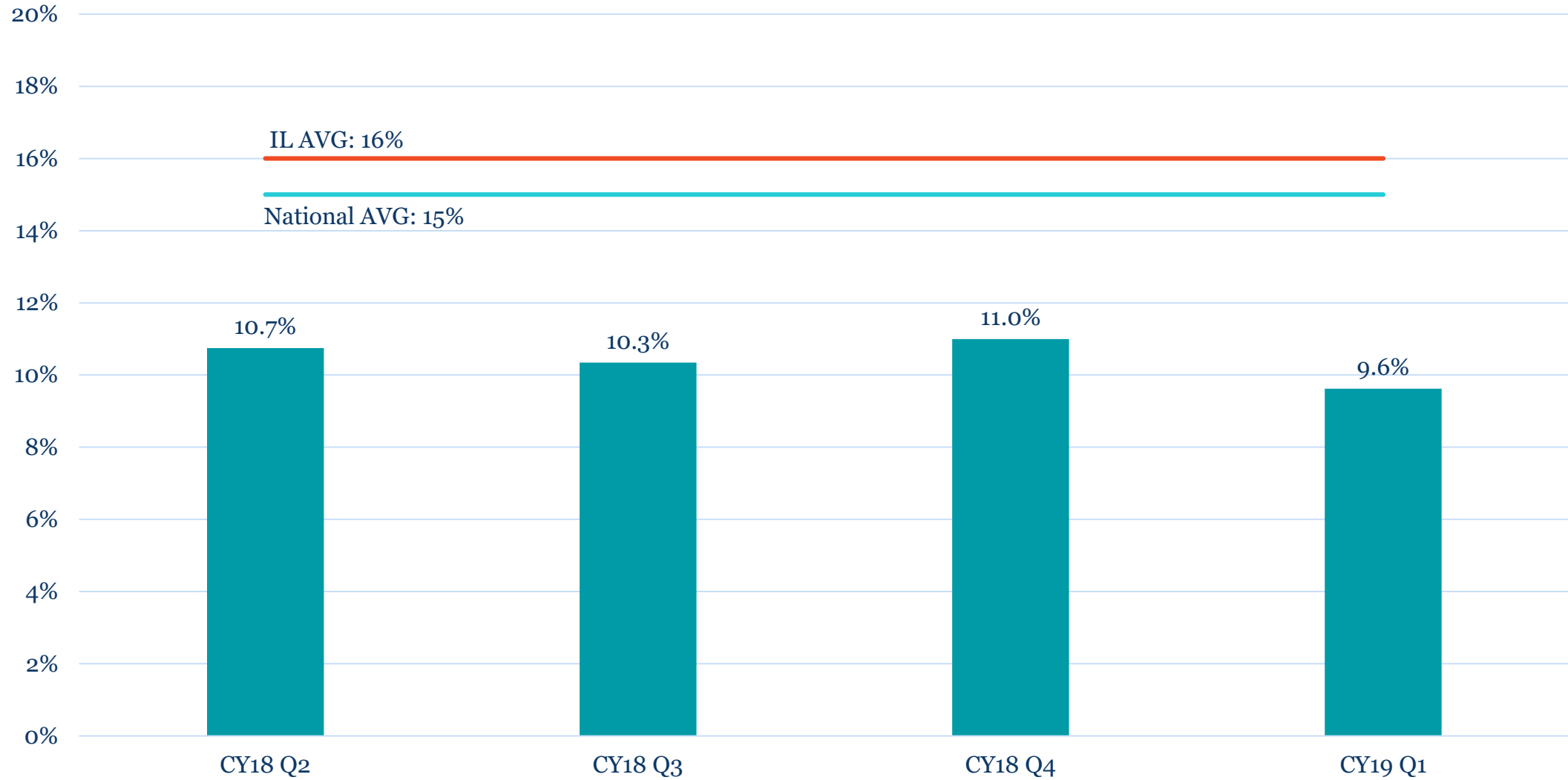


# Core Measure – Venous Thromboembolism (VTE) Prevention



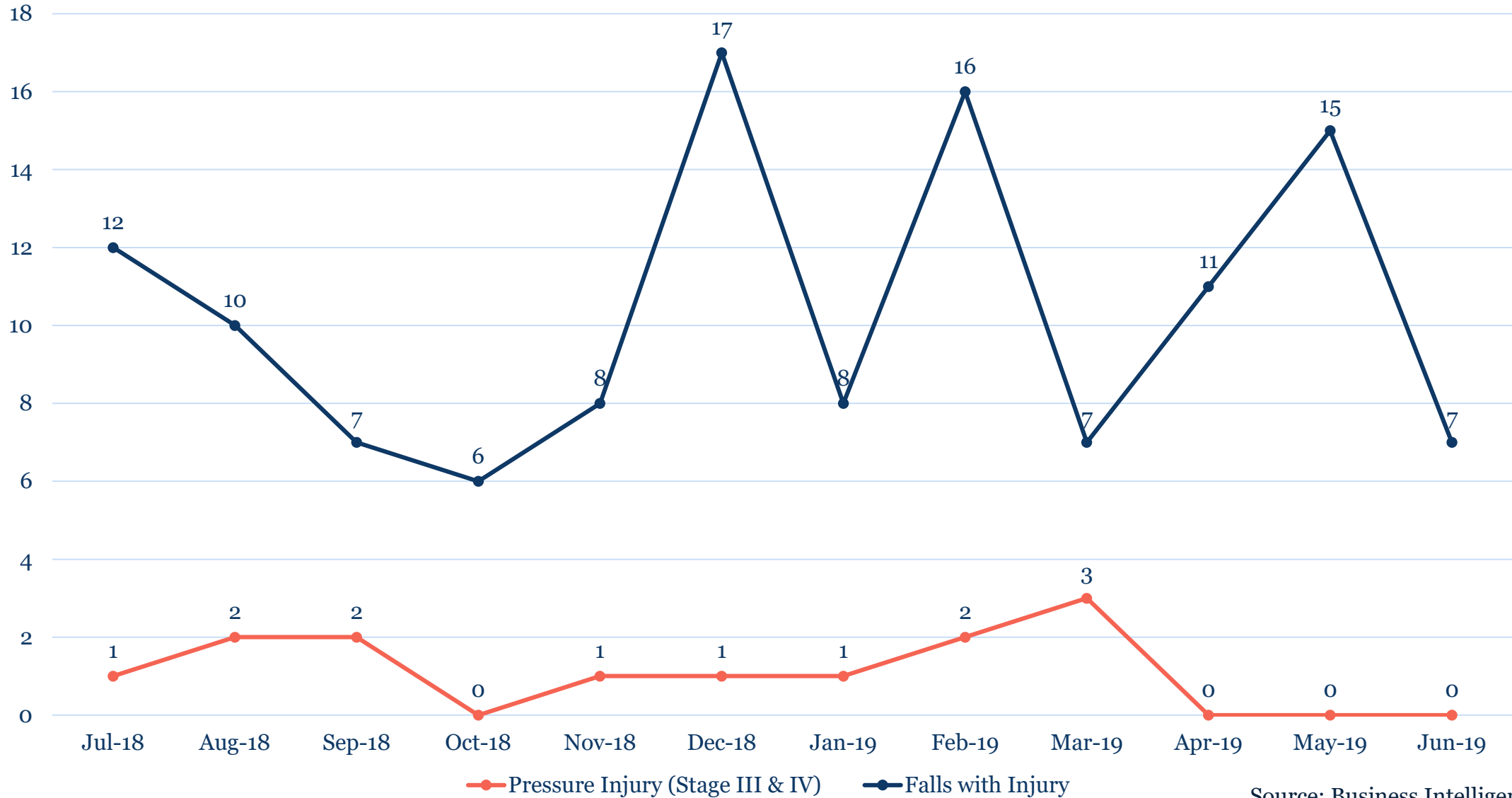
Source: Quality Dept.

## 30 Day Readmission Rate



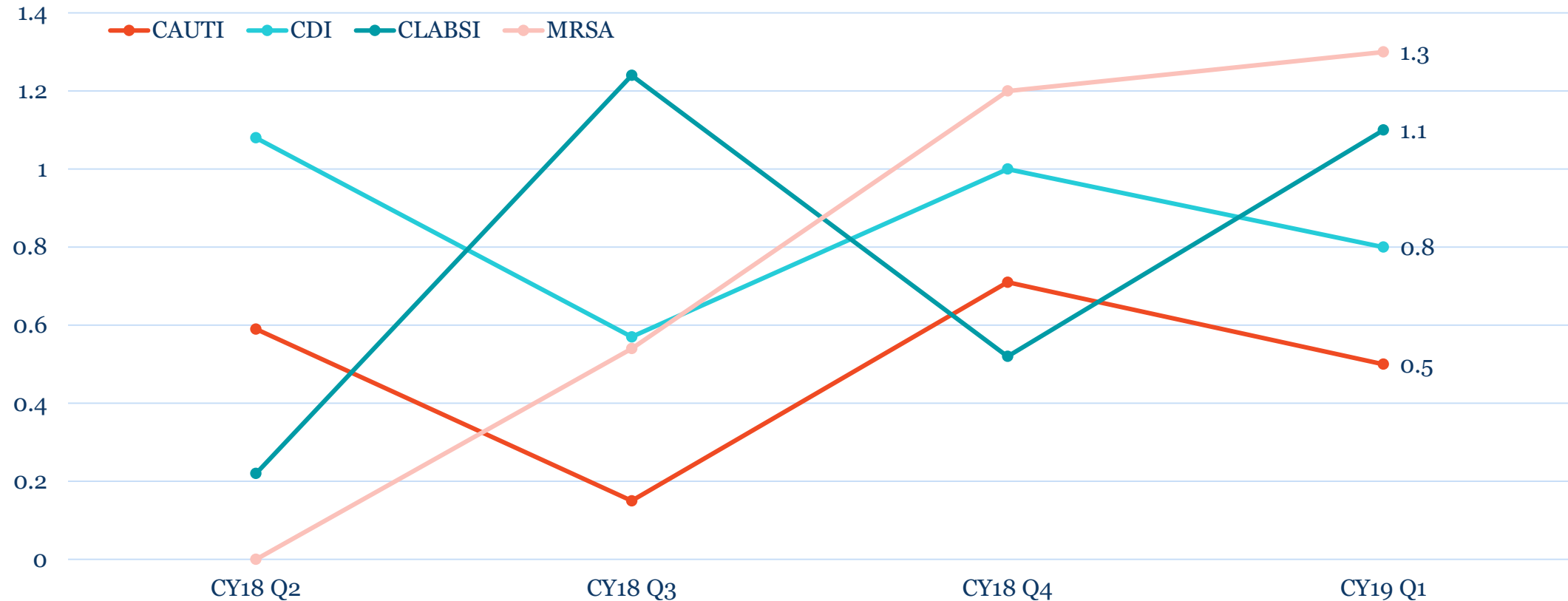
Source: Business Intelligence

## Hospital Acquired Conditions



Source: Business Intelligence

## Hospital Acquired Infections



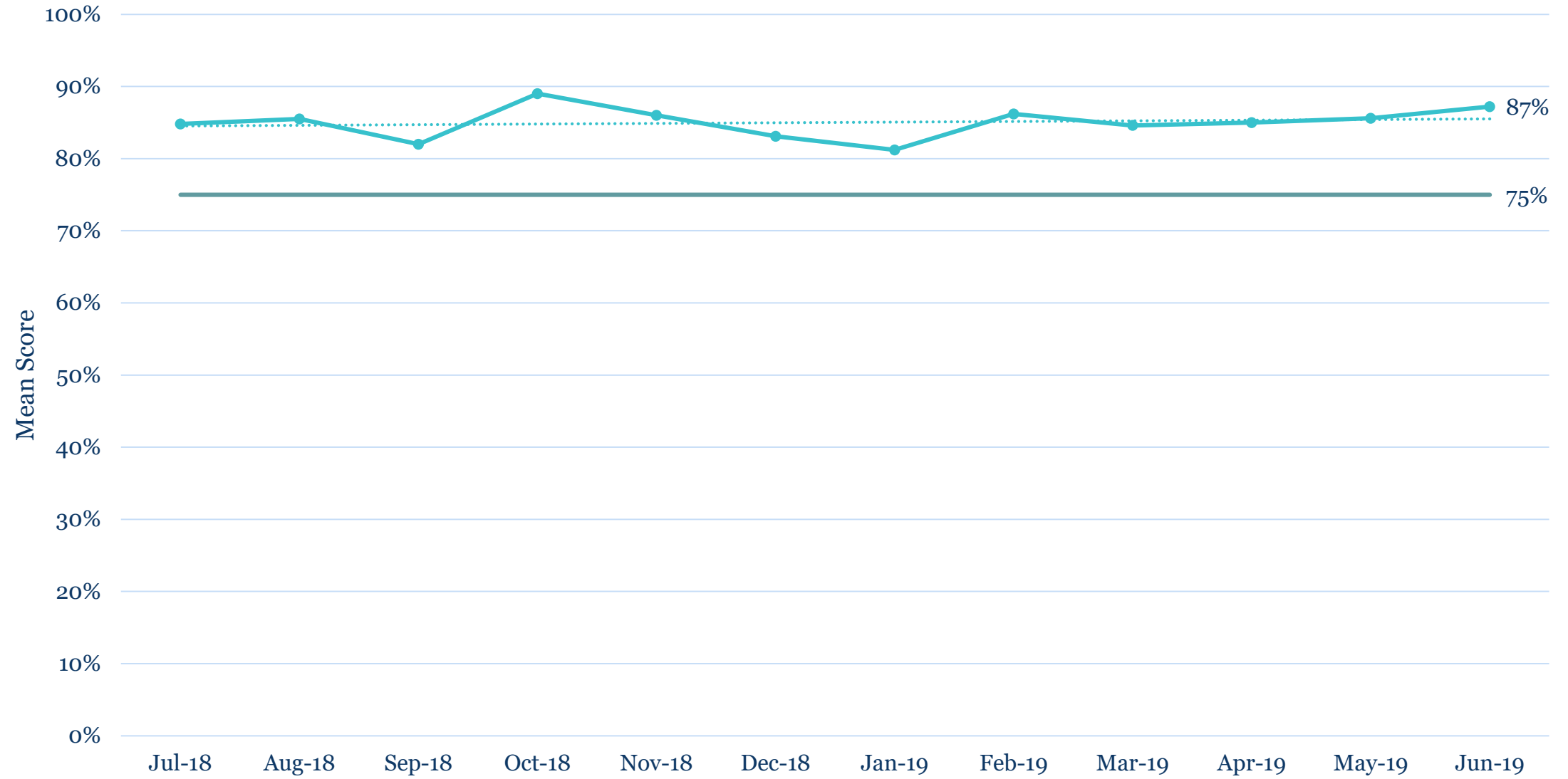
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
CAUTI	1	0	1	0	0	1	3	1	1	1	1	1
CDI	4	5	4	2	10	4	4	6	2	6	5	4
CLABSI	0	2	3	0	0	0	2	1	0	4	2	2
MRSA	0	0	1	0	0	1	0	1	0	1	0	0

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

Source: Infection Control Dept.

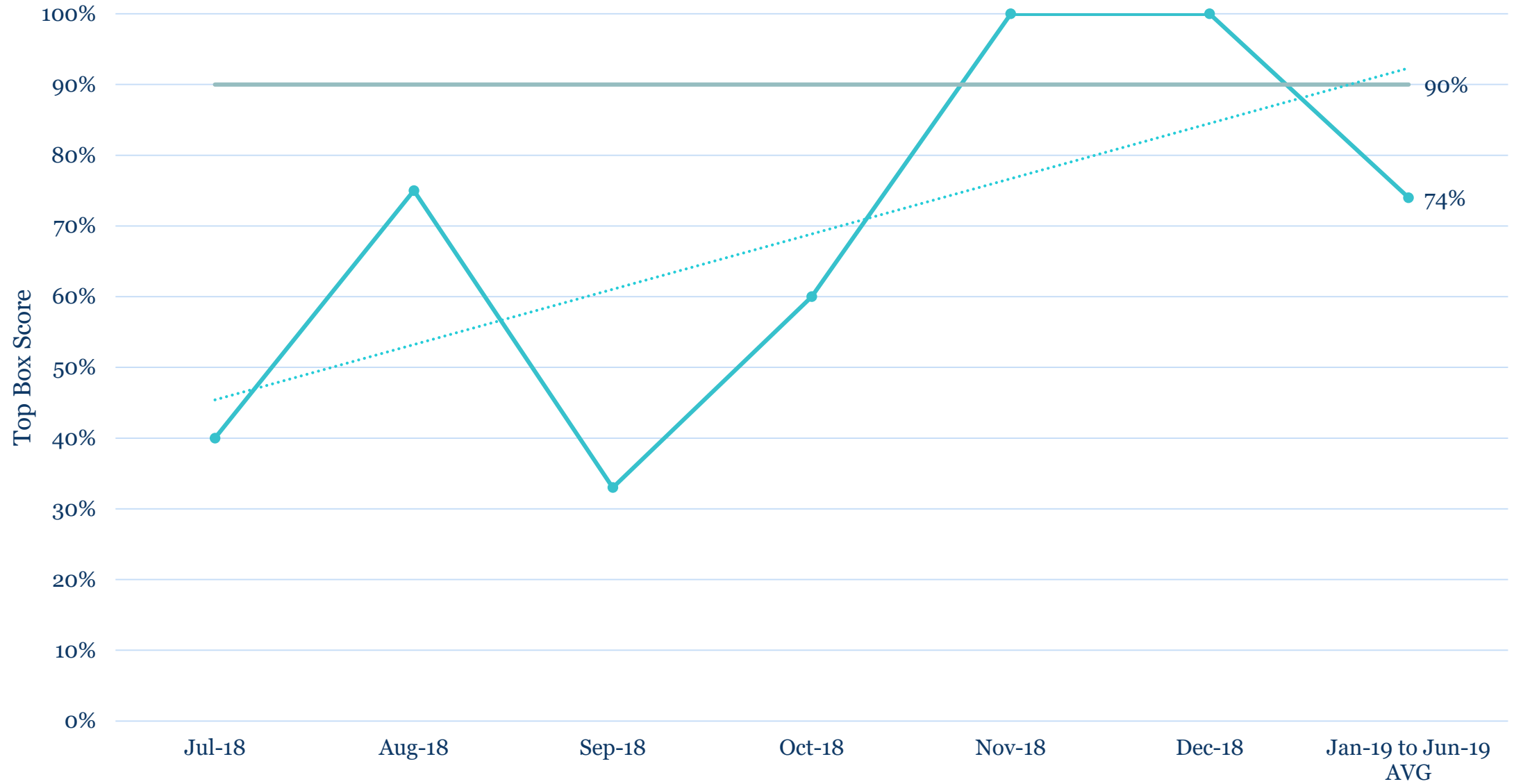


## ACHN – Overall Clinic Assessment



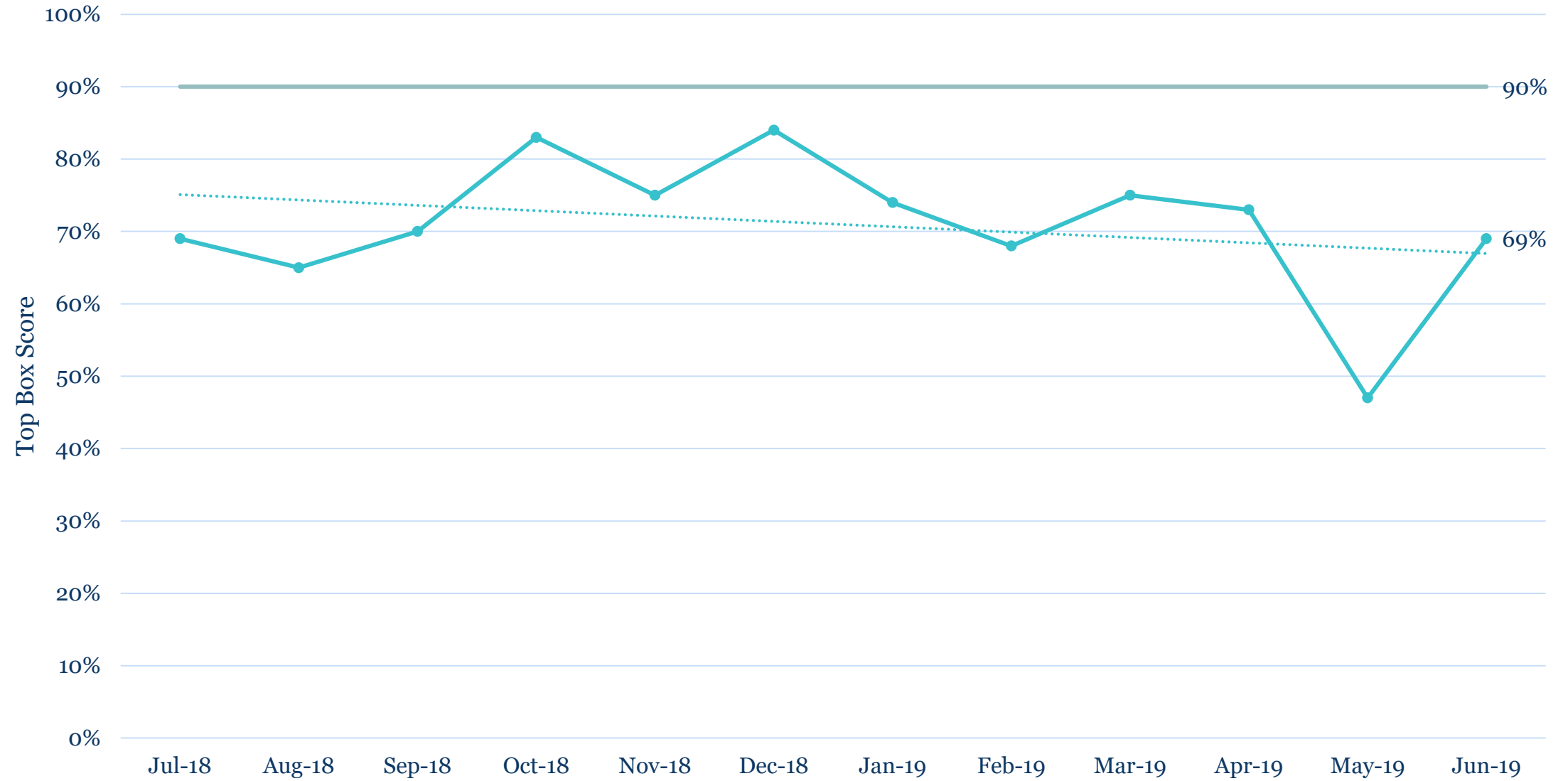
Source: Press Ganey

## Provident – Willingness to Recommend the Hospital



Source: Press Ganey

## Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
July 19, 2019

ATTACHMENT #2



# VTE Improvement Update

July 19, 2019

Umair Jabbar, MD

Dept. of Medicine Representative

Hospital QI and Patient Safety Committee



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**HEALTH**

# Outline

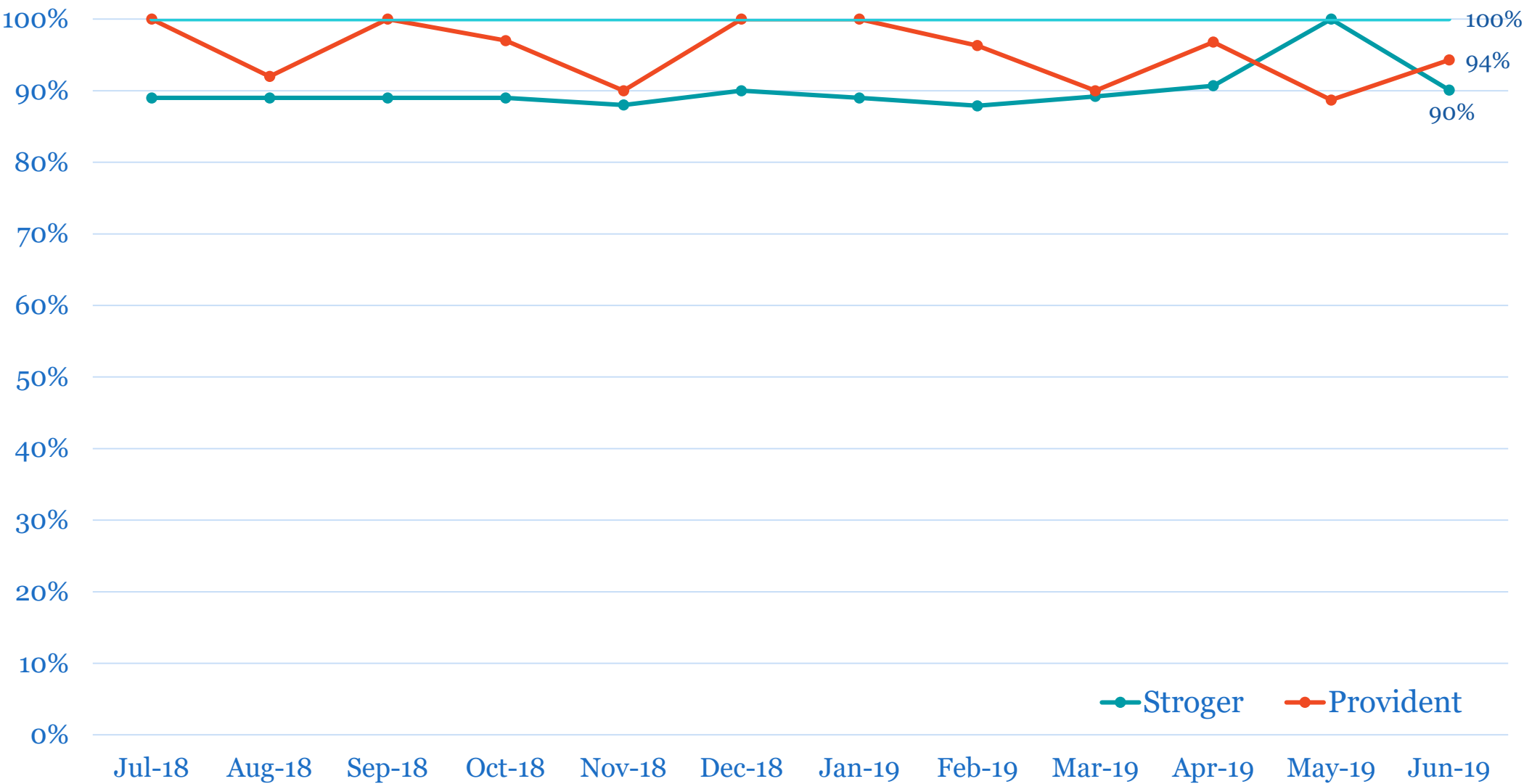


Why are VTE failures happening?  
Addressing Lapses in Ordering  
Improving Implementation Processes  
Documenting compliance



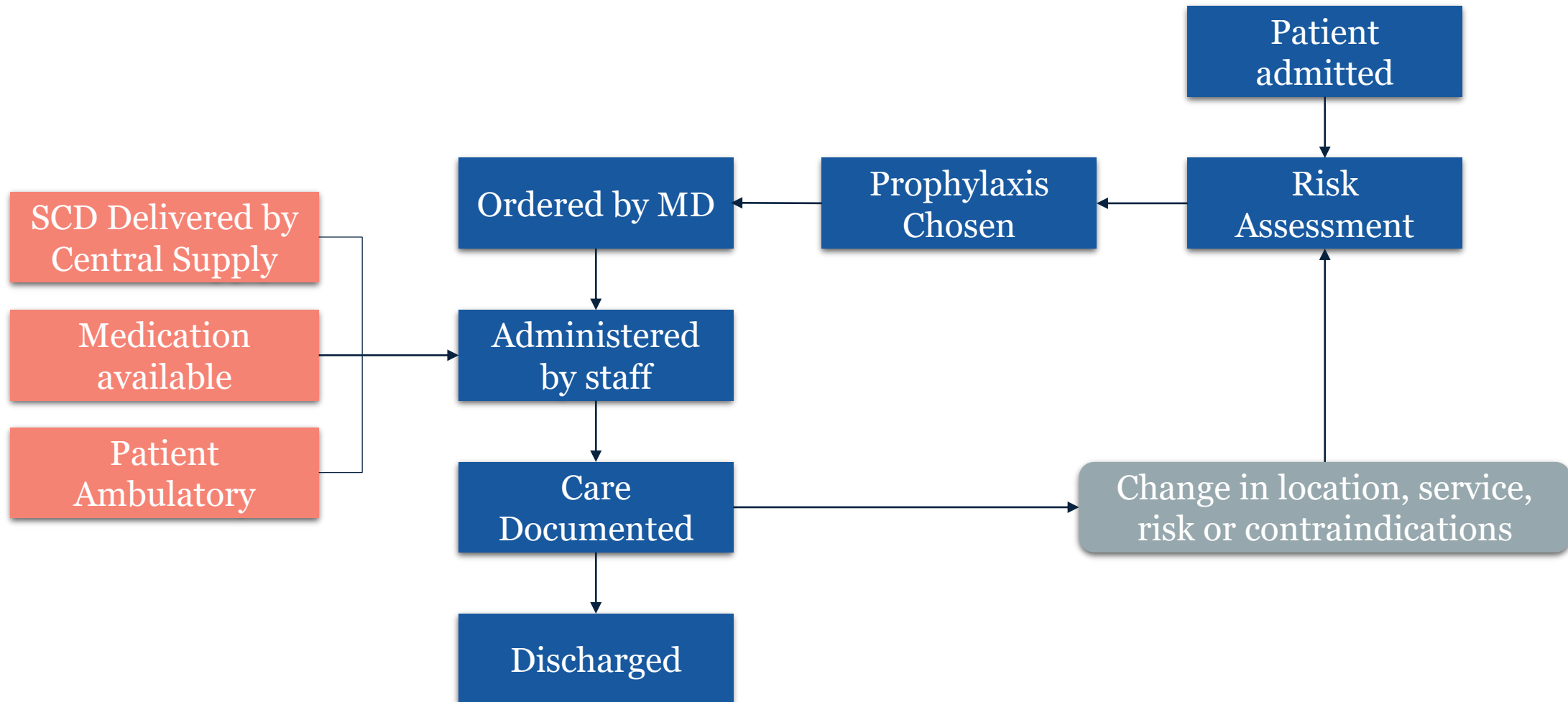
COOK COUNTY  
**HEALTH**

# Core Measure – Venous Thromboembolism (VTE) Prevention

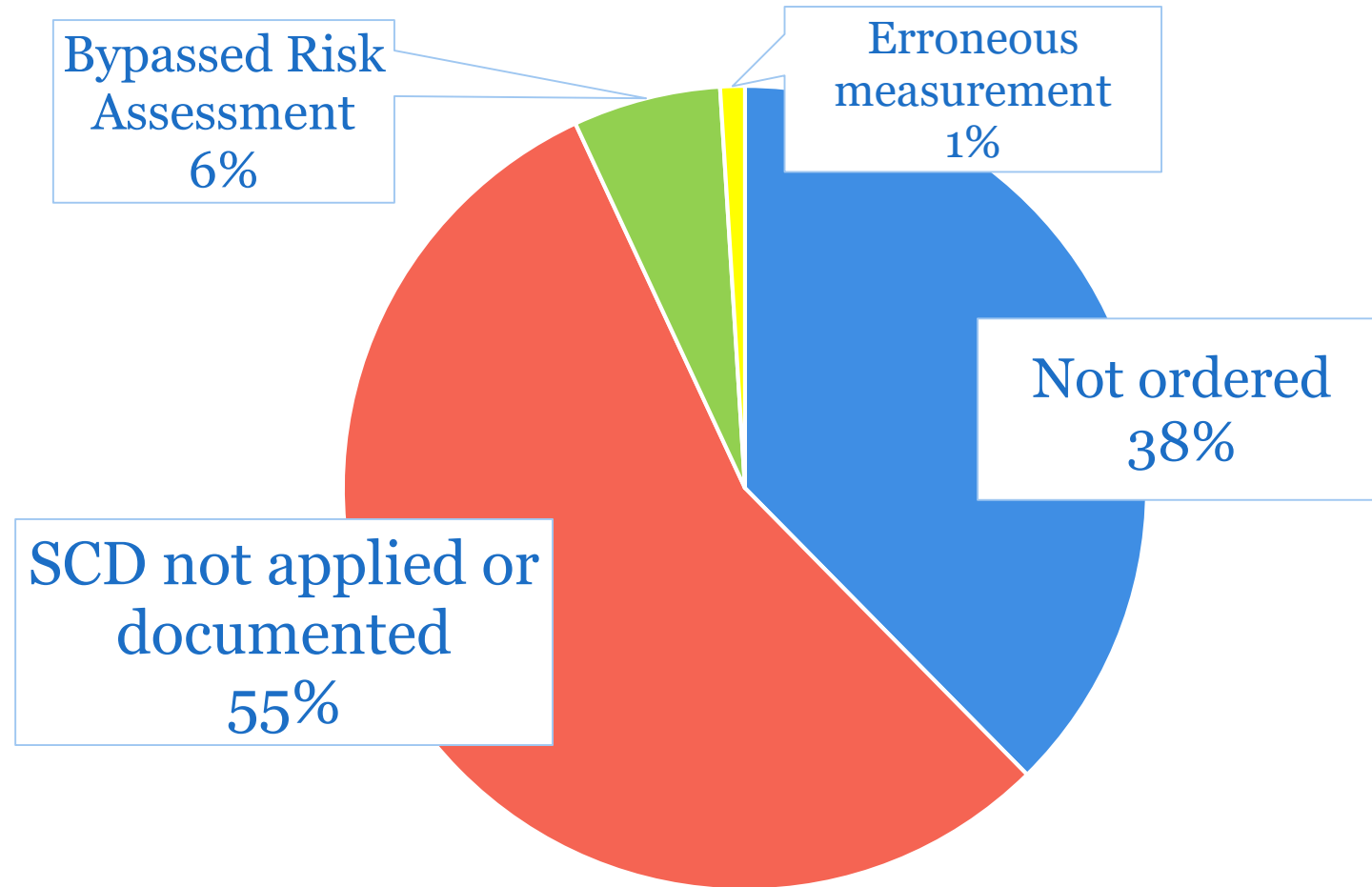


Source: Quality Dept.

# VTE Process Map



# Why are VTE failures happening?







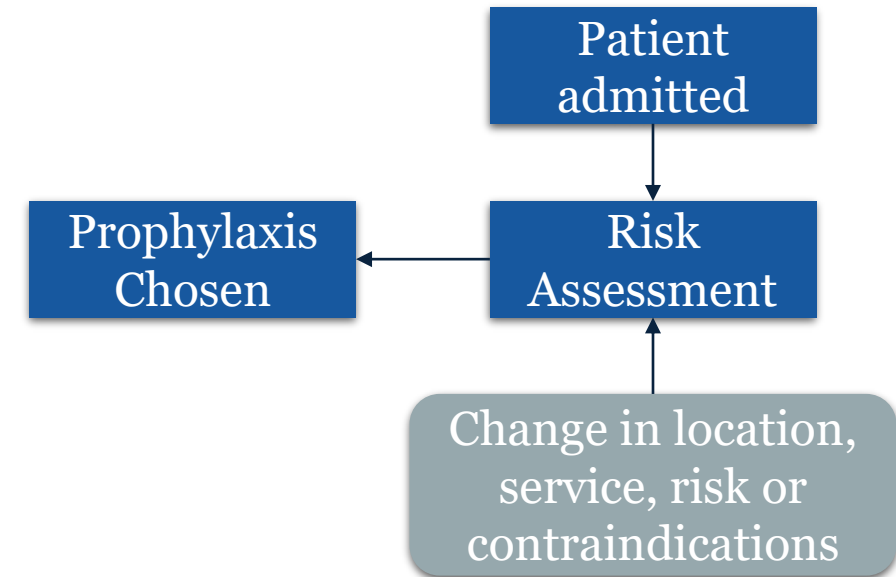
# Addressing Lapses in Risk Assessment and Ordering



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# Ensuring Risk Assessment

- Triggered by all admission order sets
- Triggered on transfers of care
- Triggered when prior prophylaxis cancelled




# Requiring Prophylaxis

- Orders required regardless of risk
- Low Risk: Ambulate order
- Moderate to high risk:
  - Pharmacologic OR
  - Sequential Compression Device OR
  - Reason for no VTE Prophylaxis given

Ordered by MD

Prophylaxis  
Chosen

Discern: (1 of 1)

 **VTE Moderate to High Risk Prophylaxis Order**

Please select appropriate prophylaxis order or select Full Anticoagulation or Select Contraindication

**Add orders for:**

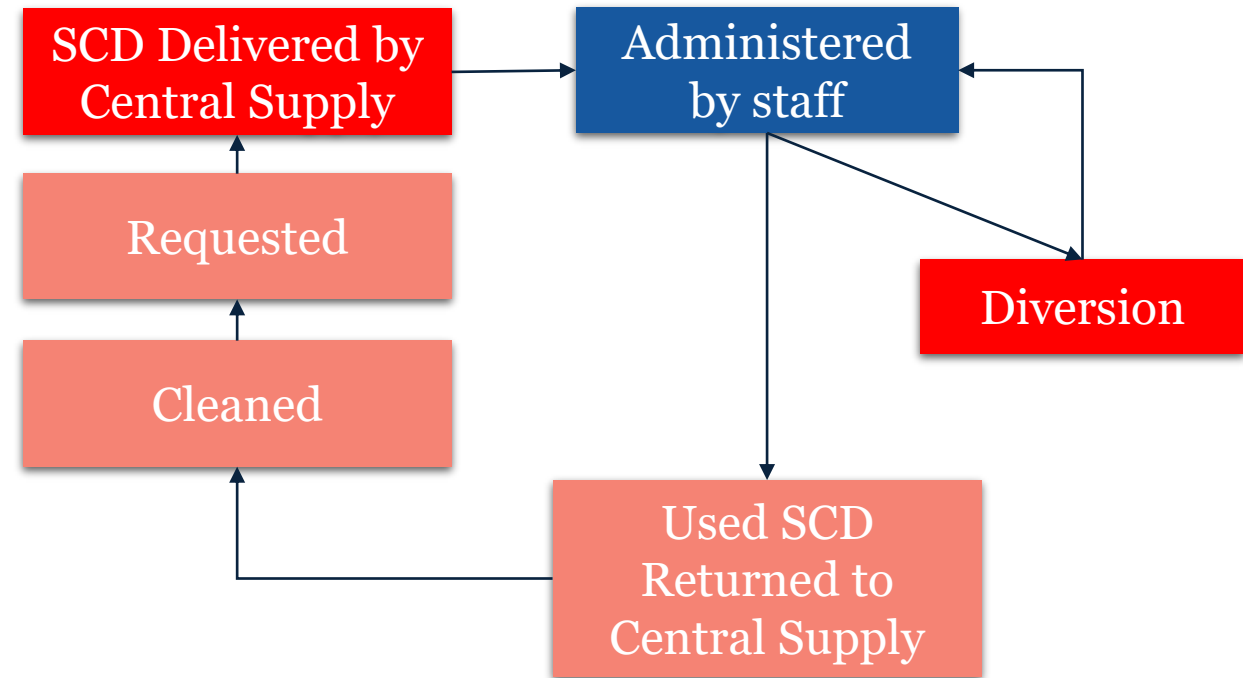
<input type="checkbox"/> SCD, Apply	
<input type="checkbox"/> heparin -> 5,000 UNITS, Inj, SQ, Q 8 Hr	
<input type="checkbox"/> heparin -> 5,000 UNITS, Inj, SQ, Q 12 Hr	
<input type="checkbox"/> fondaparinux 2.5 mg/0.5 mL subcutaneous solution -> = 0.5 mL, SQ, Daily, X 5 DAYS, # 2.5 mL	
<input type="checkbox"/> enoxaparin -> 40 MG, Inj, SQ, Q 24 Hr	
<input type="checkbox"/> Patient is on Full Anticoagulation -> Patient is on full anti-coagulation	
<input type="checkbox"/> Mechanical and Pharmacological Prophylaxis Contraindicated	

OK



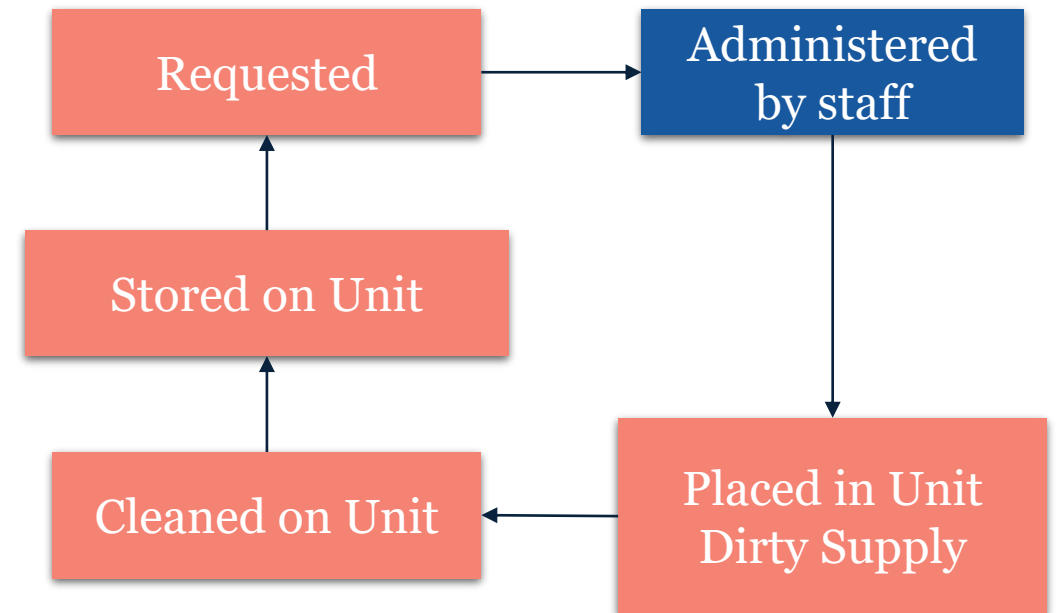
# Administering Prophylaxis: SCD Failures

- Accounts for 56% of VTE Failures
- High Compliance Nursing Units:
  - One bed = One SCD device
  - Culture of SCD documentation
- Low Compliance Units:
  - SCD not on unit
  - Erratic delivery from central supply
  - Irregular documentation practices

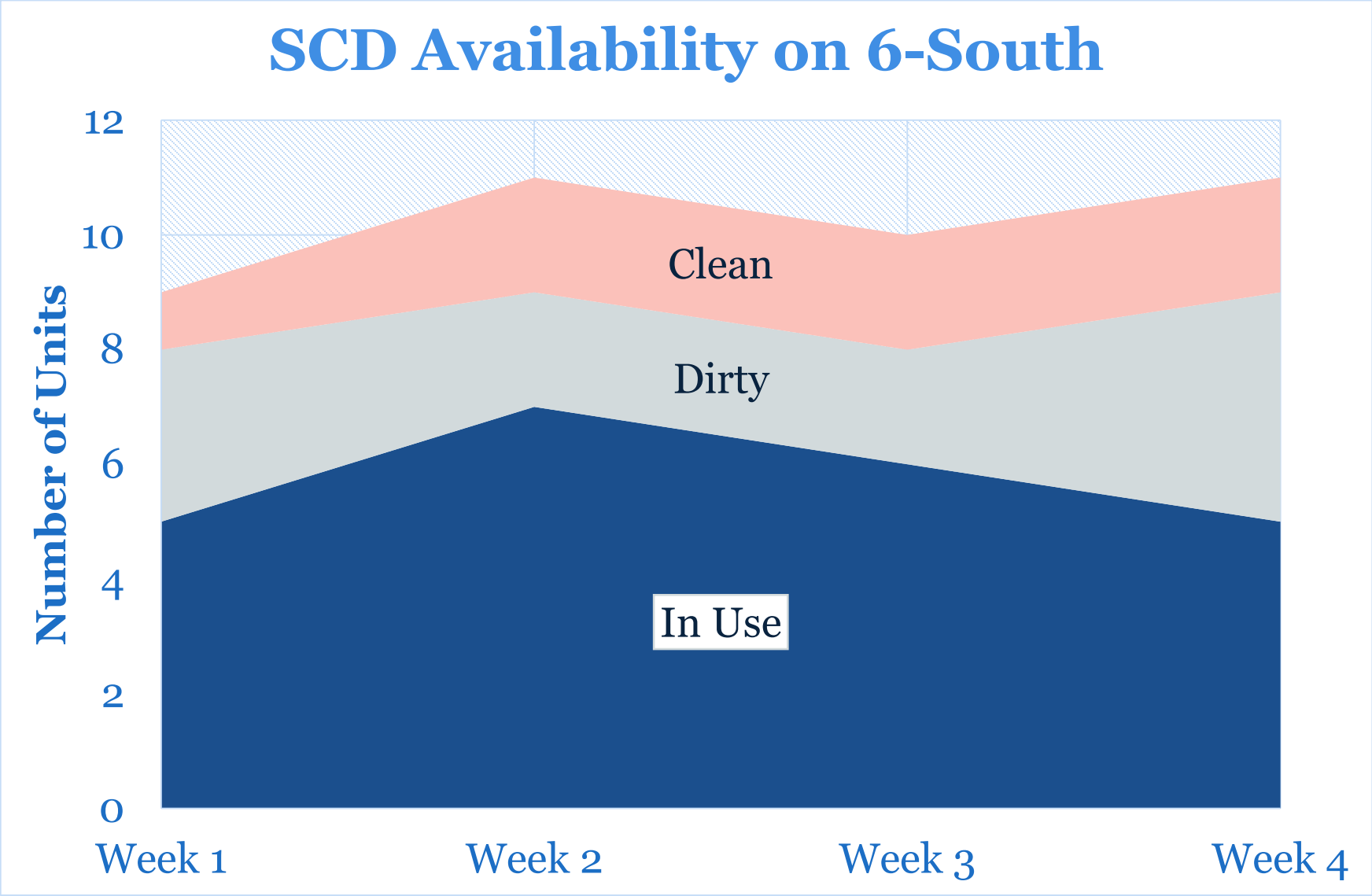


# Goal: Increasing SCD Availability

- Pilot between Central Supply and Nursing
- Minimum number of SCDs assigned to unit
- SCDs cleaned onsite
- Returned to Charge RN for storage

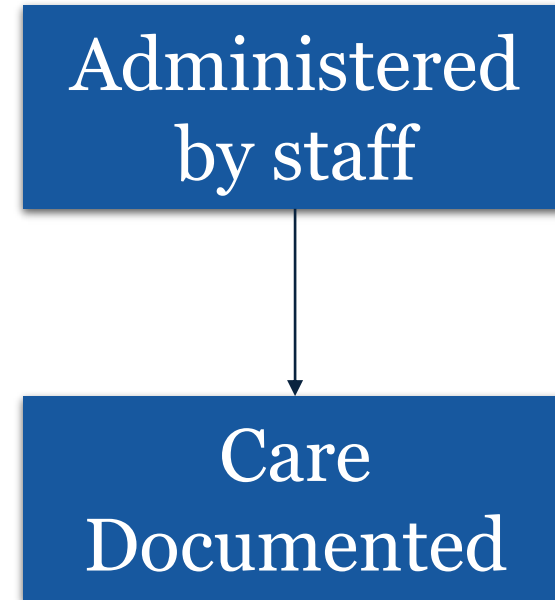


# Results



# Results

- Clean SCDs always available
- New process preferred by:
  - 2/2 Charge RNs
  - 3/3 Floor RNs
  - Central Supply
- Overall 6-South VTE Compliance unchanged



# Improving Documentation

Surgical Drains/Tubes	Site Condition	No com...
Urinary Catheter	Drainage Description	None
Urine Catheter Education	Infiltration Score	0
Bowel Management System (BMS)	Phlebitis Score	0
Antiembolism Device/VTE Prevention	Care	Secured...
	Dressing	Dry, Intact
	Patency	No com...
	Equipment	Saline L...
	Response to Activity	
	Patient Education	Pt infor...
	Δ Antiemolism Device/V...	

Forced SCD  
documentation every  
8 hours

Required  
documentation in  
notes

**- \* Assessment and Plan**

Assessment and Plan	A&P: OTHER
	Diagnosis: Dx Code Search / OTHER
	Orders: Order Profile / OTHER
DVT Prophylaxis	Subcutaneous heparin / Enoxaparin / SCD boots
Education and Follow-up	Counseled: Patient / Family / Friend / Diagnosis
	Patient Instructions: Patient Education / OTHER
* Length of Stay	* Anticipated Discharge Date: * ==
	* Rationale for continued hospitalization: * OTHER



# Challenges

- Electronic Health Record rules are complex
- Competing Information Services demands
- Not enough SCDs to guarantee 10 per med/surg unit
- Central Supply staffing inconsistencies

# Next Steps

- Enable EHR Changes (Tentative August 2019)
- Expand 6-South pilot to other med/surg units
- Additional 60 SCD machines requested
- Monitor compliance in real-time



# Questions/Comments?



COOK COUNTY  
**HEALTH**



# Thank you ↗



COOK COUNTY  
**HEALTH**

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
July 19, 2019

ATTACHMENT #3

# Cook County Health

## Process of Care

### Metrics for the Quality Domain

Dr. Krzysztof Pierko, MD, FACP

Associate Chair, Division of Hospital Medicine

Dr. Beth Vaclavik, DNP, RN, OCN, NEA-BC

Director, Ambulatory Procedures

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COOK COUNTY  
HEALTH

# Process of Care Metrics

## Rate of Excess Days

- Heart Failure
- Pneumonia
- Myocardial Infarction

Excess days are the number of days spent:

1. Emergency dept
2. Observation stay
3. Unplanned inpatient readmission

## Hospital Acquired Conditions

- *C difficile* Infection
- CAUTI (Catheter associated urinary tract infection)
- Total Hip/Knee Complications

## PSI-90 Composite (Patient Safety Indicator)

- PSI-03 (pressure ulcer)
- PSI-06 (Pneumothorax )
- PSI-09 (Periop hemorrhage)
- PSI-11 (Post op respiratory failure)
- PSI-12 (PE/DVT)
- PSI-13 (Postop sepsis)

## ED Left without being seen

- Median ED Time (admit)
- Median ED Time (discharge)
- Admit Decision to ED Depart

# Excess Days in Acute Care



Dr. Poushali Bhatthacharjee, MD, MS

Attending Physician, Division of Hospital Medicine

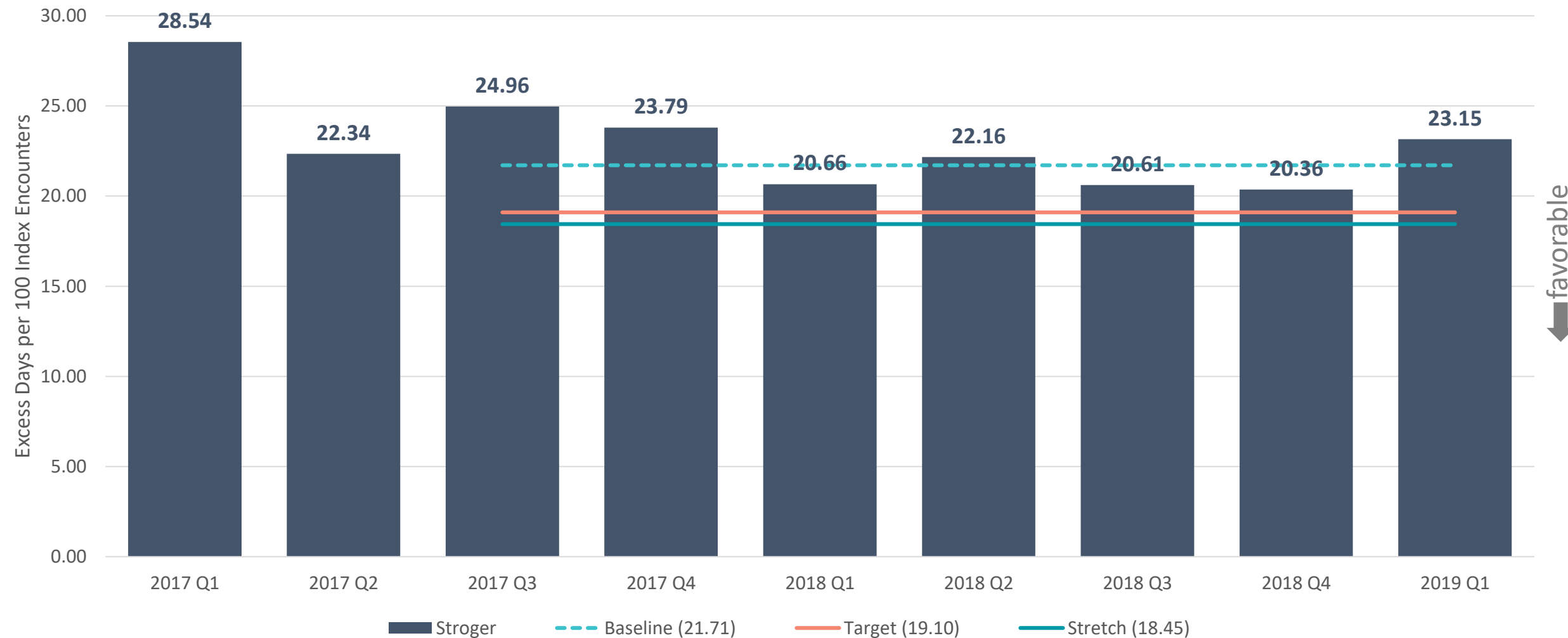
Darleen Vlahovic, RN, MBA, BSN

Director, Medical Surgical Nursing



# Excess Days in Acute Care (days spent in ED, observation, or unplanned readmission)

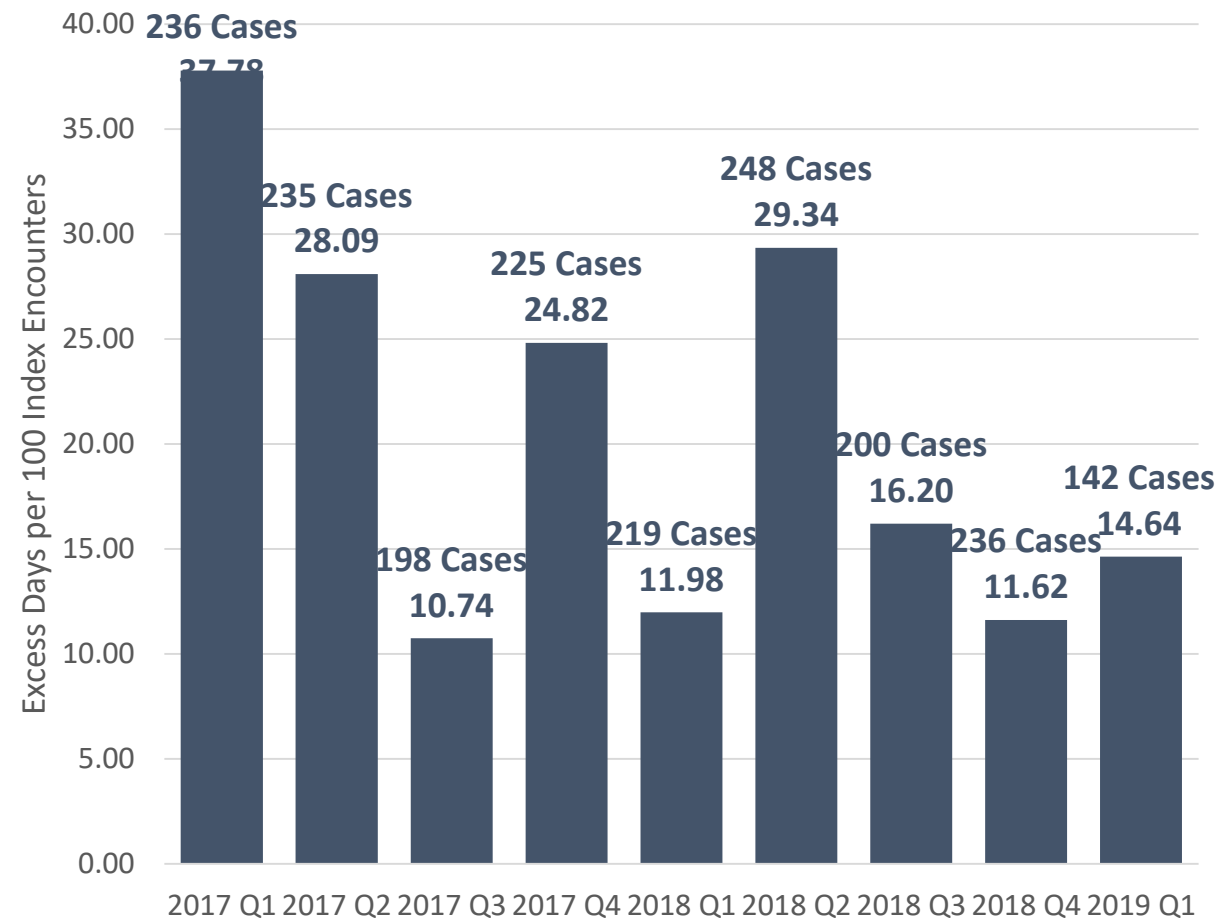
## Excess Days per 100 Index Encounters



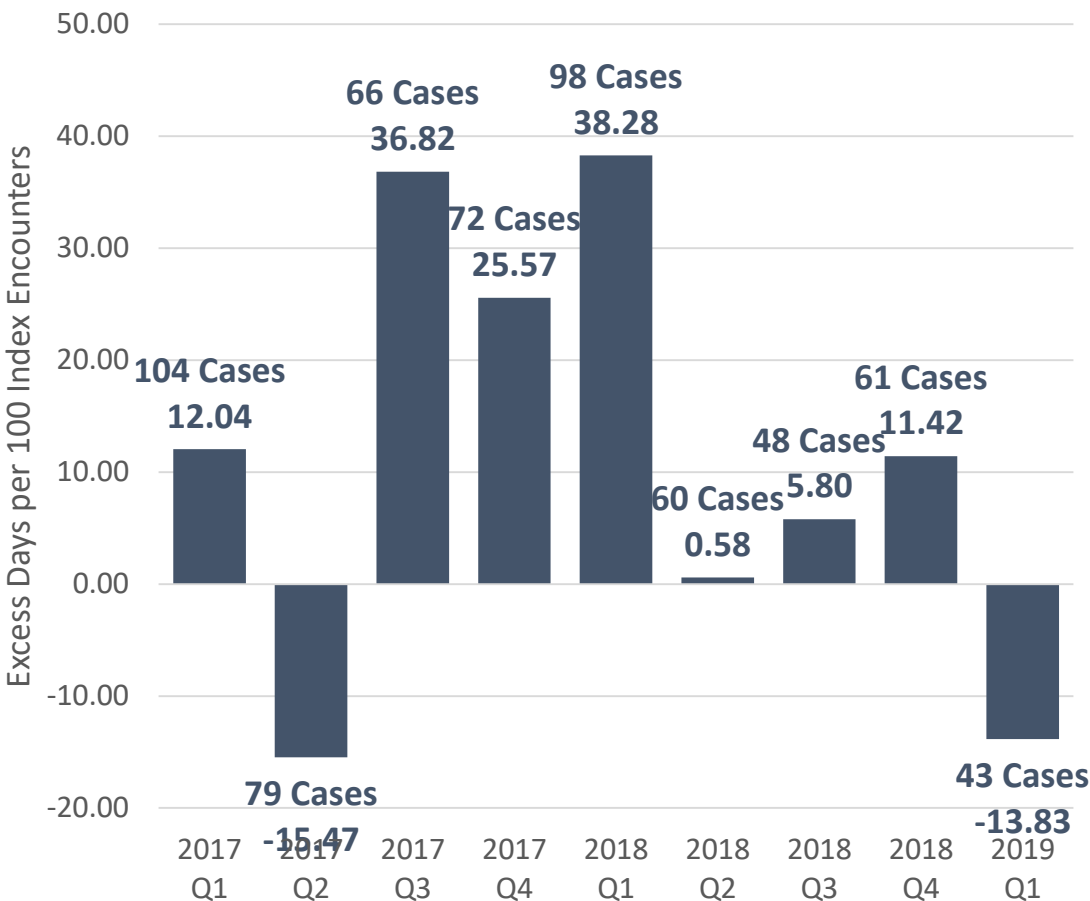


# Excess Days in Acute Care – Heart Failure

## Heart Failure



## Pneumonia



favorable

# Excess Days – Plan-

- Top Performing Measures

- Pneumonia

- Opportunity for Improvement

- Heart Failure: 3 domains
  1. Inpatient management  
(targeting high risk and advanced heart failure)
  2. Discharge process  
(Cardiology APN for discharge)
  3. Transitions of care  
(4 Flex (inpatient unit) piloting post-discharge calls)



# Our plan to decrease excess days for patients with Heart Failure



```
graph LR; A[Review data –look for opportunities related to unit specific needs] --> B[Review data from phone calls-look for opportunities specific to discharge planning and teaching]; B --> C[Develop the plan to address opportunities found in data];
```

Review data –look for opportunities related to unit specific needs

Review data from phone calls-look for opportunities specific to discharge planning and teaching

Develop the plan to address opportunities found in data

# Hospital Acquired Conditions



Dr. Sharon Welbel, MD

CAUTI – catheter associated urinary tract infection

CDI – clostridium Difficile Infection

THNC – Total hip & Knee complications

System-wide Director of Infection Control & Hospital Epidemiology

Dr. Jeannette White, DNP, RN, NE-BC

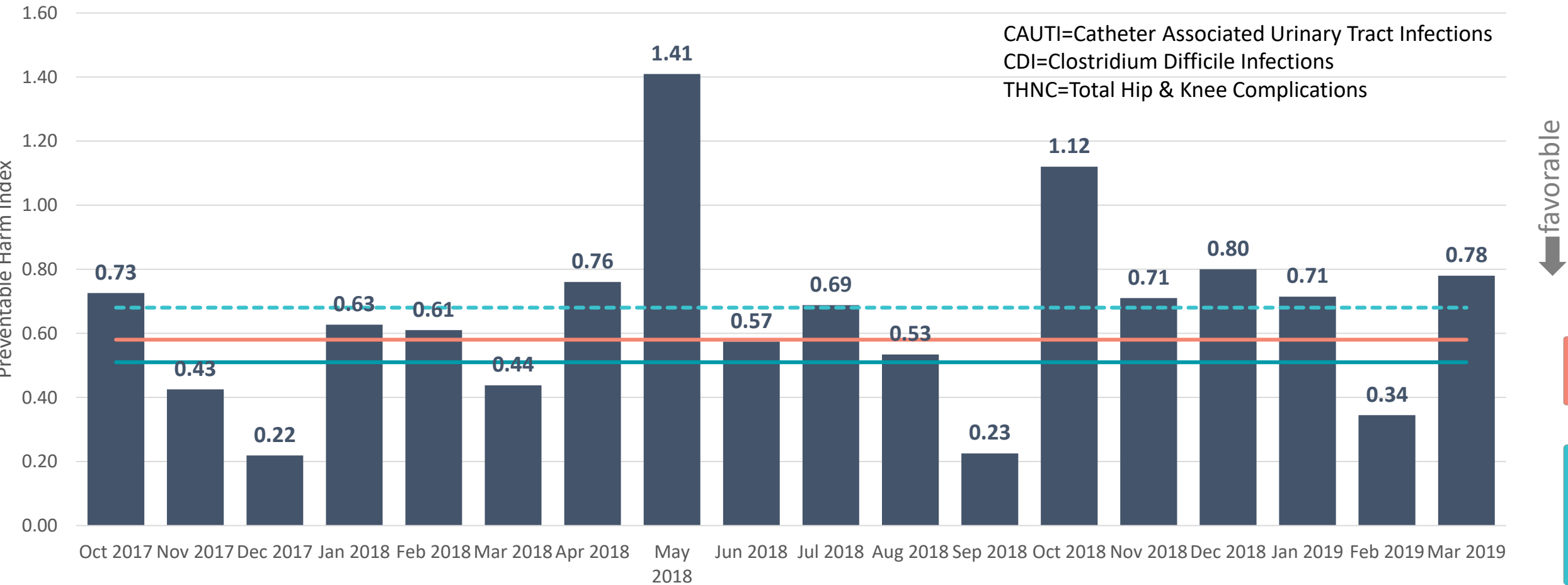
Director of Nursing Professional Development and Education



COOK COUNTY  
**HEALTH**

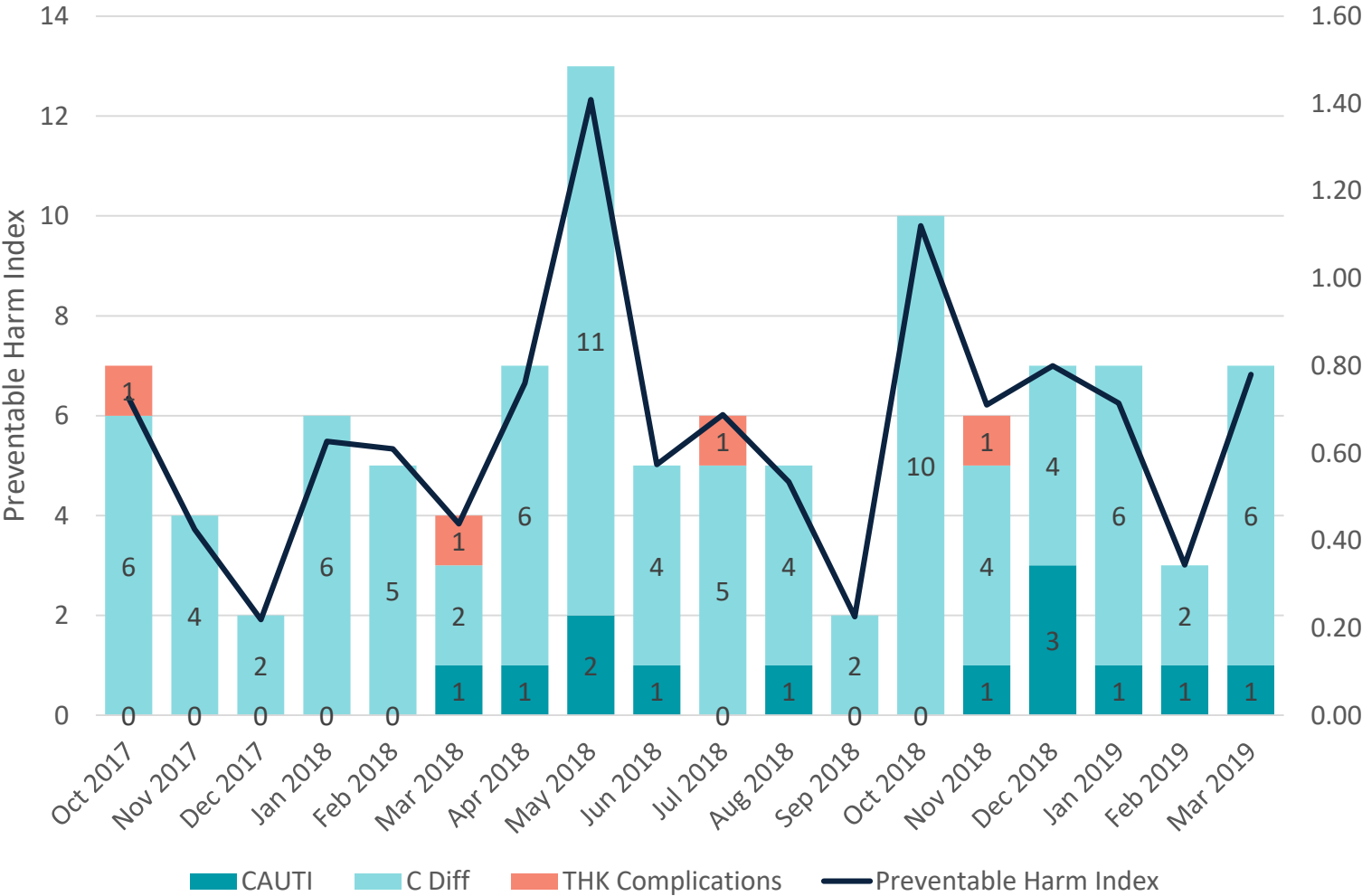
# Cook County Preventable Harm Index

Total Harm Events per 1,000 Patient Days=  $\frac{\text{\# of CAUTI} + \text{\# CDI} + \text{THNC}}{\text{Total Patient Days}} \times 1,000$



# Cook County Preventable Harm Index

Total Harm Events per 1,000 Patient Days



**Top Performing Metric:**

\*Catheter Associated UTI

**Opportunities for Improvement:**

\**C. diff* infection

\*Total Hip & Knee Complications

favorable



# Planning

- Enhance Nursing Education regarding *C. diff* infections, etiology and impact
- Develop a nurse driven protocol enabling a nurse to send specimens for a *C. diff* test without an order within the first 48 hours of admission based on RN assessments and patient report
- Expand hand hygiene campaign with further monitoring for both hand hygiene and applying/removing personal protective equipment

# What we are currently doing

- Electronic rounds
- Physical rounds
- Soap & water signs
- Placing patients on isolation quickly
- Environmental awareness

# Our Plan

Goal is to decrease *C. diff* infections by 40% (SIR 0.6) by 12/19

Nursing Education  
on *C. diff* awareness

Nurse Driven  
Protocol to order *C.  
diff* testing within  
72 hours of  
admission

Handwashing and  
PPE monitoring

# PSI-90 Composite

## (patient safety indicator)



Dr. Steve Bonomo, MD

Associate Chair, Department of Surgery

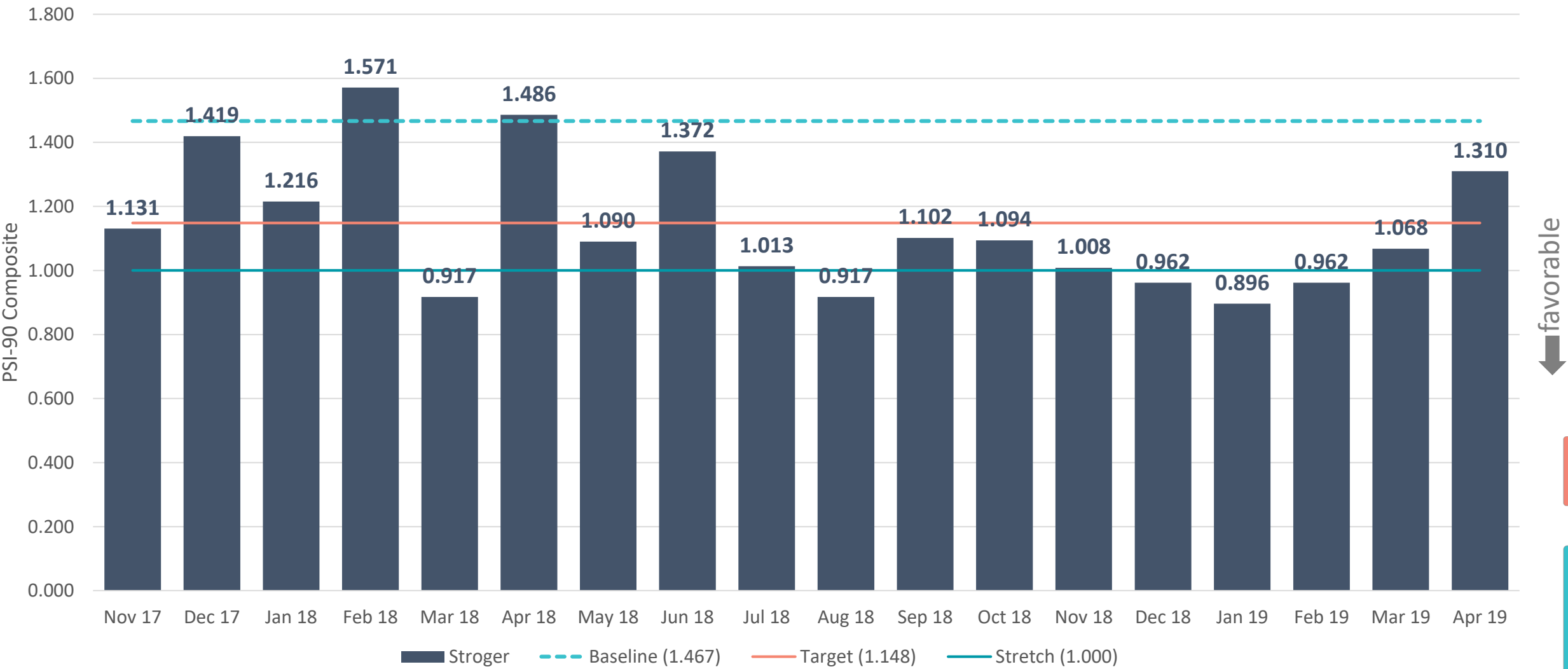
Margaret Carroll, MS, MBA, RN

Associate Nurse Executive, Nursing Quality,  
Professional Development and APRN Practice



COOK COUNTY  
**HEALTH**

# Patient Safety and Adverse Events Composite (PSI-90)





# PSI -90 Composite (Cook County PSI-90 includes 6/10 identified in the CMS PSI-90)

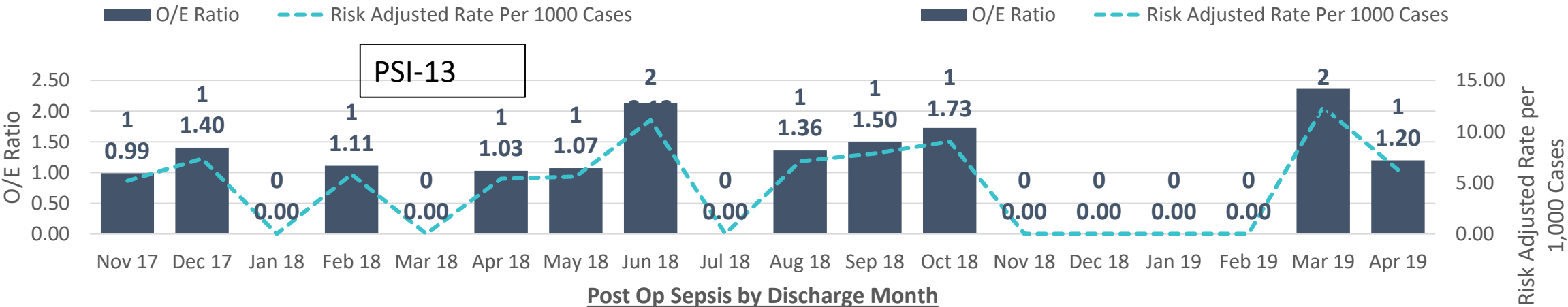
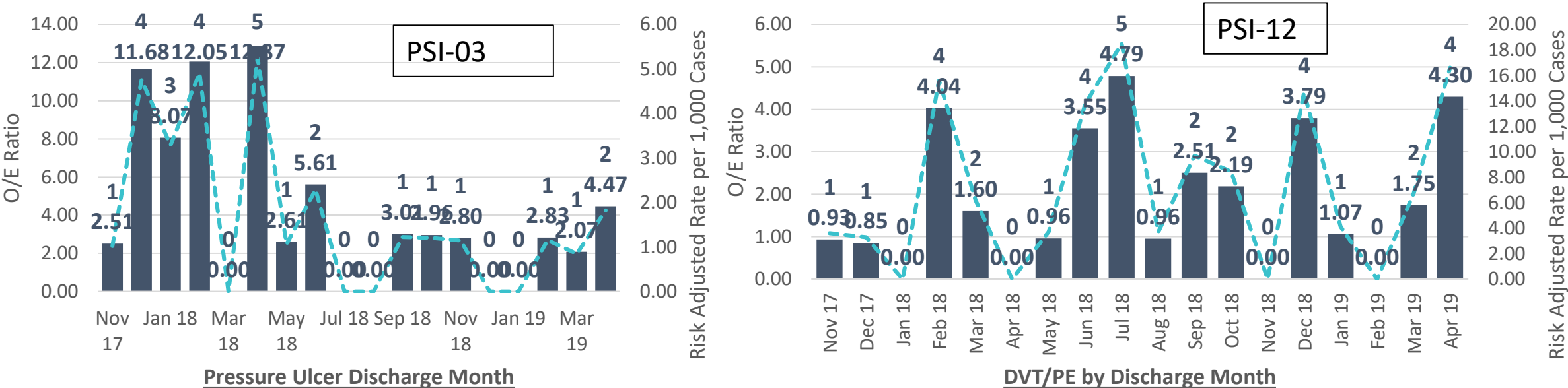
- [Top Performing Metrics](#)

- PSI-06 (pneumothorax)
- PSI-09 (periop hemorrhage)
- PSI-11 (respiratory failure)

- [Opportunities for Improvement](#)

- PSI-03 (Pressure Ulcer)
- PSI-12 (Perioperative Pulmonary embolism/deep venous thrombosis, known as VTE-venous thromboembolism)
- PSI-13 (post op sepsis)

# O/E Ratio and Risk Adjusted Rate per 1,000 Cases



# Current Processes for VTE and HAPI prevention

- Quarterly Prevalence surveillance with action planning (Incidence surveillance to be added in September)
- Braden Assessment and VTE(venous thromboembolism) Risk Assessment
- Inclusion of at risk patients and prevention strategies during hand off
- Optimization of mechanical devices such as sequential compression devices (SCD) to prevent VTE
- Turning Clock and Turning Schedules
- Wound/Ostomy nurses serving as consultants to physicians and staff receiving notification of all at risk patients

# Planned Interventions-VTE

## Current State:

- \*Inpatient units have sequential compression devices for inpatients
- \*a risk assessment tool for VTE

## Future State:

- \*Evaluate use of sequential compression devices for outpatients undergoing procedures > 1 hour or requiring anesthesia
- \*Create a standard VTE prevention plan for all areas such as endoscopy

Identify all areas with patients at risk for VTE

Implement process for assessment of risk and implementation of sequential compression devices or pharmacologics


Provide processes for continuous quality improvement

# Planned Interventions-Pressure Ulcer

**Project aim:** To recommend, develop and implement evidence-based practices relative to skin care and pressure injury prevention and intervention at Cook County Health System

**GOAL:** Decrease HAPI by 15% by 11/2019

Reduce all HAPI to meet unit-specific NDNQI Benchmark for 3 out of 4 quarters in FY 19-20



4 Eyes  
documentation to  
eliminate missing  
wounds on  
admission

Developing quality  
champions at the  
unit level,  
INCLUDING  
perioperative

Patient specific  
nurse care planning

# Left without Being Seen



Dr. Lauren Smith, MD, MBA

Chair of the Division of Observation & Quality Department  
of Emergency Medicine

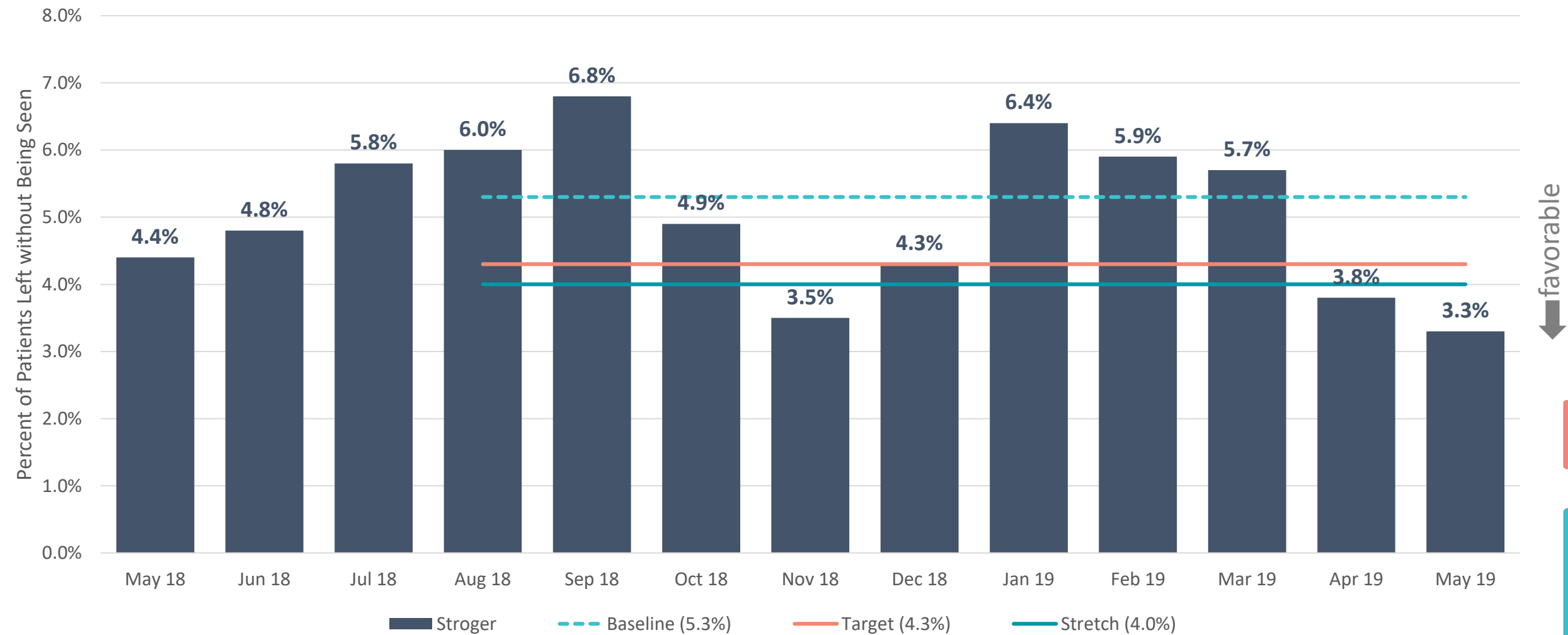
Dr. AnnMarie McDonagh, DNP, RN, MBA

Director, Emergency Room Nursing



# Left without Being Seen

Patient Encounters in ED that Ended with Patient Leaving Before Being Seen by Certified Physician



# ED

## Three Metrics to Review

Median ED Time  
from Arrival To  
Depart (admit)

Median ED Time  
from Arrival To  
Depart (discharge)

Left Without Being  
Seen



# Left Without Being Seen

- Have exceeded our stretch!

## How did we do it?

Our list of interventions:

1. Focus on throughput by staff
2. Internal Waiting rooms helped with gaining more space and our new yellow team and green team changes
3. Education of clerks
4. Charge RN Education
5. Shift change report with charge RNs and Coordinators daily to review metrics in real time

# Our Plan



Review data for  
timing from arrival  
to departure for  
discharges

Review data for  
timing from arrival  
to departure for  
admissions

Plan for  
opportunities  
discovered to  
decrease the timing

# Questions?



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
July 19, 2019

ATTACHMENT #4

Meeting of the Cook County Health and Hospitals System

July 19, 2019

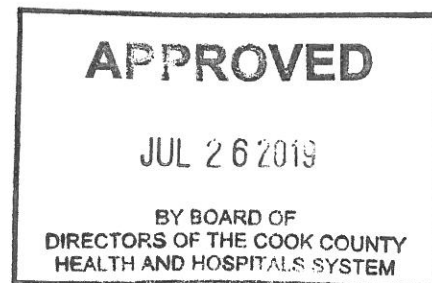
Back-Up Material for Item No. ,

Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Initial appointment of the following individual as Division Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<b>Name</b>	<b>Department/Appt Term</b>	<b>Title</b>
Nimmi Rajagopal, MD 07/19/2019 – 07/18/2021	Community and Family Medicine	Division Chair of Administration and Community Health-Family Medicine



Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting  
July 19, 2019

ATTACHMENT #5



## COOK COUNTY HEALTH

Toni Preckwinkle  
President, Cook County Board of Commissioners

John Jay Shannon, MD  
Chief Executive Officer, Cook County Health

Deb Santana  
Secretary to the Board  
Cook County Health

Date: July 12, 2019

Dear Members of the Quality and Patient Safety Committee of  
the CCH Board,

Please be advised that the Executive Medical Staff Committee  
of John H. Stroger Jr., Hospital of Cook County, approved the  
attached list of medical staff action items Tuesday, July 09,  
2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD  
President, Executive Medical Staff

# John H. Stroger, Jr. Hospital of Cook County



**TO:** Quality and Patient Safety Committee

**FROM:** Trevor Lewis, MD  
EMS President

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective July 19, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

## Initial Physician Appointment Applications

Name	Category	Department / Division	Appointment Term
Biesiada, Izabela, DO	Active	Medicine/Neurology	July 19, 2019 through July 18, 2021
Botchway, Pamela MD	Active	Pediatrics	July 19, 2019 through July 18, 2021
Fakhoury, Nader OD	Active	Correctional Health/Optomtry	July 19, 2019 through July 18, 2021
Fidai, Shiraz MD	Active	Pathology	July 19, 2019 through July 18, 2021
Ganesh, Malini, MD	Active	Medicine Endocrinology	July 19, 2019 through July 18, 2021
Hartrich, Molly MD	Voluntary	Emergency Medicine	July 19, 2019 through July 18, 2021
Haungs, Allison MD	Active	Correctional Health/Med Surg	July 19, 2019 through July 18, 2021
Loharuka, Sheila, DO	Active	General Medicine	July 19, 2019 through July 18, 2021
Pietrasik, Grezegorz, MD	Active	Medicine/Cardiology	July 19, 2019 through July 18, 2021
Thekkekara, Romy J. MD	Active	Medicine/Hematology/Oncology	July 19, 2019 through July 18, 2021
Ubaka, Jacek MD	Active	Pediatrics	July 19, 2019 through July 18, 2021
Wilkins, Nancy MD	Active	Radiology	July 19, 2019 through July 18, 2021
Winfield, Ashlea, MD	Voluntary	Emergency Medicine	July 19, 2019 through July 18, 2021

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**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JULY 19, 2019



### Reappointment Applications:

#### Department of Correctional Health:

Name	Category	Division	Reappointment Term
Kartan, Usha MD	Active	Psychiatry	September 22, 2019 through September 21, 2021
Marri, Bharathi MD	Active	Psychiatry	October 20, 2019 through October 19, 2021
Mason, Joseph MD	Active	Psychiatry	September 15, 2019 through September 14, 2021

#### Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Bishof, Christine P., MD	Consulting	Emergency Medicine	September 22, 2019 through September 21, 2021
Thompson, Trevonne M., MD	Voluntary	Emergency Medicine	November 20, 2019 through November 19, 2021
Watts, Tabitha A., MD	Active	Emergency Medicine	August 13, 2019 through August 12, 2021

#### Department of Family Medicine:

Name	Category	Division	Reappointment Term
Auguston, Pricilla MD	Active		August 4, 2019 through August 3, 2021
Cardona, Sully MD	Active		August 28, 2019 through August 27, 2021


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ON JULY 19, 2019

Department of Medicine			
Name	Category	Division	Reappointment Term
Alyousef, Tareq, MD	Active	Cardiology	November 10, 2019 through November 09, 2021
Demetria, Melchor, MD	Active	Gastroenterology	November 16, 2019 through November 15, 2021
Jasuja, Supriya, MD	Active	Infectious Disease	September 22, 2019 through September 21, 2021
Kumssa, Admasu, MD	Active	Hospital Medicine	September 22, 2019 through September 21, 2021
Leekah, Deepak, MD	Active	General Medicine	September 22, 2019 through September 21, 2021
Margeta, Bosko, MD	Active	Cardiology	September 7, 2019 through September 6, 2021
Mehta, Shilpa, MD	Active	Dermatology	August 28, 2019 through August 27, 2021
Mercon T. B. Almeida, MD	Active	General Medicine	September 22, 2019 through September 21, 2021
Monterubianesi, Lorena, MD	Active	General Medicine	September 22, 2019 through September 21, 2021
Patel, Shilpa, MD	Consulting	Infectious Disease	October 17, 2019 through October 16, 2021
Perumal, Kalyani, MD	Active	Nephrology	August 26, 2019 through August 25, 2021
Poku, Caroline A., MD	Voluntary	General Medicine	September 22, 2019 through September 21, 2021
Popovich, Kyle, MD	Voluntary	Infectious Disease	September 22, 2019 through September 21, 2021
Pyslar, Nataliya, MD	Active	Cardiology	October 20, 2019 through October 19, 2021
Radigan, Kathryn, MD	Active	PCCM	October 20, 2019 through October 19, 2021
Rubinstein, Paul, MD	Active	Hematology/Oncology	July 28, 2019 through July 28, 2021
Seo-Lee, Alisa, MD	Active	General Med/Peds	September 22, 2019 through September 21, 2021
Shankaran, Shivanjali, MD	Voluntary	Infectious Disease	October 20, 2019 through October 19, 2021
Sierra-Morales, Fabian, MD	Voluntary	Neurology	August 21, 2019 through August 20, 2021
Vernik, Jane, MD	Active	Nephrology	September 26, 2019 through September 25, 2021
Vettiankal, Gijo	Active	Gastroenterology	November 18, 2019 through November 17, 2021

Department of Ob/Gyn:		
Name	Category	Reappointment Term
Gamble, Tondalaya MD	Active	October 21, 2019 through October 20, 2021

  
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**APPROVED**  
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
 ON JULY 19, 2019

**Department of Oral Health:**

Name	Category	Division	Reappointment Term
Dominguez-Matsumoto, Virginia, DDS	Active	Oral Health	November 20, 2019 through November 19, 2021
Randy Rabin, DDS	Active		September 22, 2019 through September 21, 2021

**Department of Pathology:**

Name	Category	Division	Reappointment Term
Campbell-Lee, Sally MD	Voluntary	Clinical Pathology	July 19, 2019 through July 18, 2021
Feng, Jingyang, MD	Active	Anatomic Path	August 28, 2019 through August 27, 2021

**Department of Pediatrics:**

Name	Category	Division	Reappointment Term
Bandepalli, Chandrekha, MD	Active	Neonatology	August 18, 2019 through August 17, 2021
Perry, LaMorris MD	Active		August 17, 2019 through August 16, 2021
Rasamimari, Phornphat MD	Consulting	Neonatology	August 18, 2019 through August 17, 2021

**Department of Radiology:**

Name	Category	Division	Reappointment Term
Zahedi, Rubina MD	Active	Diagnostic Radiology	August 18, 2019 through August 17, 2021

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**APPROVED**  
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
 ON JULY 19, 2019

**Department of Surgery:**

Name	Category	Division	Reappointment Term
Abcarian, Ariane M., MD	Active	Colon/Rectal	October 20, 2019 through October 19, 2021
Burke, Winston F., DPM	Affiliate	Podiatry	September 23, 2019 through September 22, 2021
Wecslar, Julie S., MD	Active	Breast Oncology	October 20, 2019 through October 19, 2021
Zaveri, Jill S., MD	Active	Ophthalmology	October 19, 2019 through October 18, 2021

**Department of Trauma:**

Name	Category	Division	Reappointment Term
Gupta, Sameer, MD	Active	Trauma	August 28, 2019 through August 27, 2021

**Initial Application for Non-Medical Staff:**

Name	Category	Department/ Division	Appointment Term
Ternand-Hughes, Laura Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	July 19, 2019 through July 18, 2021

**Renewal of Privileges for Non-Medical Staff:**

Name	Category	Department/ Division	Appointment Term
Cano, Shabana, NP	Nurse Practitioner	Medicine/Cardiology	September 15, 2019 through September 14, 2021
Conant, James B. Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	September 22, 2019 through September 21, 2021
Marino, Keith, CRNA	Nurse Anesthetist	Anesthesiology	September 20, 2019 through September 19, 2021
Strong, Shelby CNP	Nurse Practitioner	Medicine/General Medicine	July 19, 2019 through July 28, 2020
Waxler, Brian Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	July 20, 2019 through July 19, 2021

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JULY 19, 2019



Toni Preckwinkle  
President, Cook County Board of Commissioners  
John Jay Shannon, MD  
Chief Executive Officer, Cook County Health

Deborah Santana  
CCH Secretary to the Board  
1950 W. Polk Street, Room 9106  
Chicago, IL 60612

July 5, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on July 5, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Valerie Hansbrough, MD".

Valerie Hansbrough, MD  
Provident Hospital of Cook County  
President, Medical Staff  
Chair, Medical Executive Committee



# Provident Hospital of Cook County



**TO:** Quality and Patient Safety Committee

**FROM:** Valerie Hansbrough, MD  
President, Medical Executive Committee

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 7/5/2019

Medical Staff Appointments/Reappointments Effective July 19, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.  
**New Business**

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Biesiada, Izabela, DO	Affiliate	Internal Medicine/Neurology	July 19, 2019 thru July 18, 2021
Elkhoully, Mohamed A., MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020
Mendez-Hernandez, Andres E., MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020
Parra-Rodriguez, Luis, M., MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020
Pietrasik, Grzegorz, MD	Affiliate	Internal Medicine/Cardiology	July 19, 2019 thru July 18, 2021
Poudyal, Abhushan, MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020
Seares, Marie Jennifer B., MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020
Sifuentes, Melissa, MD	Voluntary	Internal Medicine	July 1, 2019 thru June 30, 2020

## New Business

Department of Family Medicine:				
Name		Category	Department/Specialty	Appointment Term
Tinfang, Chantal Sylvie, MD		Active	Family Medicine	August 19, 2019 thru August 18, 2021

Reappointment Applications Physicians:			
Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Abraham, Mohan, C., MD	Affiliate	Internal Medicine/Nephrology	August 28, 2019 thru August 27, 2021

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**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JULY 19, 2019

Alhanoun, Elias, MD	Affiliate	Internal Medicine/PCCM	August 28, 2019 thru August 27, 2021
Athavale, Ambarish, M., MD	Affiliate	Internal Medicine/Nephrology	August 28, 2019 thru August 27, 2021
Sharma, Vibhu, MD	Affiliate	Internal Medicine/PCCM	September 23, 2019 thru September 22, 2021
Sukhal, Shashvat, MD	Affiliate	Internal Medicine/PCCM	July 21, 2019 thru July 20, 2021

**Department of Psychiatry:**

Name	Category	Department/Specialty	Appointment Term
Moreno, Michael, MD	Affiliate	Psychiatry	September 15, 2019 thru September 14, 2021

**Department of Radiology:**


Name	Category	Department/Specialty	Appointment Term
Zahedi, Rubina, MD	Affiliate	Radiology	August 17, 2019 thru August 16, 2021

**Department of Surgery:**

Name	Category	Department/Specialty	Appointment Term
Abcarian, Ariane, M., MD	Affiliate	Colon/Rectal	November 10, 2019 thru October 20, 2021
Burke, Winston F., DPM	Active	Podiatry	September 23, 2019 thru September 22, 2021
Qureshi, Javeria S., MD	Active	General Surgery	July 21, 2019 thru July 20, 2020

**Provisional To Full:**

Name	Department/ Division	Discussion	Recommendation
Feigon, Maia, PhD	Psychiatry	File reviewed and presented with no issues identified.	Approved.
Moreno, Michael, MD	Psychiatry	File reviewed and presented with no issues identified.	Approved.
Tachauer, Alessandra, MD	Psychiatry	File reviewed and presented with no issues identified.	Approved.
Wecslar, Julie, S. MD	Surgery/Breast Oncology	File reviewed and presented with no issues identified.	Approved.

  
**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON JULY 19, 2019**